



Summerfield Master Community Association, Inc.



DANCE PROGRAM

PARTICIPANT RELEASE OF LIABILITY ASSUMPTION OF RISK AGREEMENT

*****READ BEFORE SIGNING*****

- Resident
 Guest

Resident Name:

Organization Name: Summerfield Master Community Association, Inc.
13011 Summerfield Blvd.
Riverview, FL 33579

Property Address: _____

In consideration of being allowed to participate in any way in activities and the use of equipment, I the undersigned, acknowledge, appreciate, and agree that:

1. There is always a risk of injury from physical activities, including the potential for permanent paralysis and death.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE**, both active and passive, of Summerfield Master Community Association, Inc. its officers, officials, agents and/or employees, the undersigned, other participants, owners or lessors, or others, and assume full responsibility for my participation.
3. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** Summerfield Master Community Association, Inc., its officers, officials, agents and/or employees, other participants, owners and lessors of premises used, from any and all claims, **EVEN IF ARISING FROM THE NEGLIGENCE**, both active and passive, of Summerfield Master Community Association, Inc. its officers, officials, agents and/or employees, the undersigned, other participants, owners or lessors, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property to the fullest extent permitted by law.
5. I, the undersigned understands and acknowledges that the activity of **Dance** at the Summerfield Community Center brings with it both known and unanticipated risks which include, **but are not limited to injuries to wrists, elbows, shoulders, ribs, lower back, hamstrings, hips, knee, falling or slipping, all of which could result in injury, illness, disease (including but not limited to Covid-19), and emotional distress, death and/or property damage.**
6. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE**, both active and passive, of Summerfield Master Community Association, Inc. its officers, officials, agents and/or employees, including its independent contractors, the undersigned, other participants, owners or lessors, or others, and assume full responsibility for my participation.
7. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** Summerfield Master Community Association, Inc., its officers, officials, agents and/or employees, including its independent contractors, other participants, owners and lessors of premises used, from any and all claims, **EVEN IF ARISING FROM THE NEGLIGENCE**, both active and passive, of Summerfield Master Community Association, Inc. its officers, officials, agents and/or employees, the undersigned, other participants, owners or lessors, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property to the fullest extent permitted by law while within the enclosed grounds and building of all common areas and

recreation centers located at Summerfield Community Center, 13011 Summerfield Blvd., Riverview, FL 33579.

Health Statement

I will notify Summerfield Master Community Association, Inc. employees if I suffer from any medical or health condition that may cause injury to myself, others, or may require emergency care during my participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature Print Name Age Date

X _____
Participant's Signature Print Name Age Date

X _____
Participant's Signature Print Name Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Date Emergency Phone Number(s)

Children's Names:

