

**UNDERAGE ACCESS AND FITNESS PARTICIPATION
WAIVER & RELEASE OF LIABILITY**

I (print name) _____, am an owner/resident of (insert address) _____, Pingree Grove, Illinois, at the Cambridge Lakes Community Association (“Association”), an Illinois not-for-profit corporation.

This waiver explains the potential risk associated with minor children’s access to the Community Center, use of the exercise equipment room, and participation in an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and initial in the spaces provided and sign name at the bottom. Your child may not be unsupervised in the Community Center, use the exercise equipment room, or participate in a fitness class without the execution of this document. For purposes of this document, the “Community Center” only includes the following facilities: the library, exercise equipment room, fitness class room/aerobics room, game room, gymnasium, locker rooms, and showers.

I, _____, (Owner/resident name) acknowledge and understand that my child(ren),

_____	Date of Birth	___/___/___
_____	Date of Birth	___/___/___
_____	Date of Birth	___/___/___
_____	Date of Birth	___/___/___
_____	Date of Birth	___/___/___
_____	Date of Birth	___/___/___
_____	Date of Birth	___/___/___
_____	Date of Birth	___/___/___

(“Child”) is/are subject to the following, in accordance with the Association’s Rules and Regulations as long as I am a resident at the Association:

1. While Child is between the ages of 11 to 15 years, he/she has my permission to be in the Community Center without a parent, legal guardian, or Approved Guardian (as defined in the Rules and Regulations), subject to the restrictions in Paragraphs 2, 3, and 4 herein and the Association’s Rules and Regulations. I understand that I am responsible for the conduct and actions of Child, even when I am not present. I also acknowledge and understand that “open gym” is not supervised by any staff, security, or medical professional, and Child participates at his/her own risk. _____ (Parent/Guardian Initials)
2. **While Child is between the ages of 11 to 15 years, he/she has my permission to use the exercise equipment room and the pool, and participate in fitness and exercise classes, BUT ONLY when accompanied by a parent, legal guardian, or Approved Guardian.** _____ (Parent/Guardian Initials)

I agree that before Child engages in any activities at the Community Center, I will review the Rules and Regulations of the Community Center with Child to ensure that Child follows those Rules. If Child violates any of the Community Center Rules, Child may lose Community Center privileges altogether or the privilege of entering the Community Center without a parent, legal guardian, or Approved Guardian, in the Board's sole discretion. _____ (**Parent/Guardian Initials**)

I understand that I am responsible for the conduct of Child, and any and all damages caused by Child will be assessed back to my account. _____ (**Parent/Guardian Initials**)

I agree to waive any liability against and indemnify the Association, its officers, directors, employees, and managing agent, from and against all claims, damages, losses, judgments, executions and expenses, (hereafter "claims") arising out of or resulting from use of the Community Center by Child. Further, this waiver and indemnification includes, but is not limited to, claims attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, including the loss of use resulting therefrom. _____ (**Parent/Guardian Initials**)

I recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I assume and accept sole responsibility for Child's safety. I understand that as a result of participation in an exercise program, Child could suffer any injury or physical disorder. _____ (**Parent or Guardian Initials**)

In all cases, circumstances, situations, events and locations, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which Child participates at the Community Center. _____ (**Parent/Guardian Initials**)

AGREED THIS _____ DAY OF _____, 20__.

Owner/Resident _____
Print Name Clearly

Owner/Resident _____
Signature

As Guardian for _____

Address: _____

Emergency
Phone: _____