

GENERAL RELEASE AND WAIVER OF CLAIMS AGREEMENT

THIS Release and Waiver of Claims Agreement (the "Agreement") is made and entered into effective as of the date of signature, by and between Copperbrook Homeowner's Association ("Association"), a nonprofit corporation located in the State of Texas and _____ (**print name here**), a resident of Copperbrook subdivision and member to the Association ("Resident").

WHEREAS, the Association owns and maintains the community pool located within the Association; and

WHEREAS, the Resident desires to use the community pool located within the Association; and

WHEREAS, the Association and the Resident desire to execute this Agreement to set forth the specific terms and conditions regarding the release and waiver of all claims related and arising out of the use of the pool facilities.

NOW, THEREFORE, for good and valuable consideration, the Association and the Resident hereby agree as follows:

Section 1. General Release and Waiver of Claims. Resident hereby releases and forever discharges the Association and its respective successors, assigns, directors, officers, agents, attorneys, and employees from any and all claims, demands, causes of action, damages, rights, liability and obligations, at law or in equity whatsoever, known or unknown, whether past, present or future, now held, owned or possessed by Resident, or which Resident may, as a result of any actions or inactions occurring on or prior to the date this agreement is signed, hereafter hold or claim to hold under common law or statutory right, arising, directly or indirectly out of the use of the Association's community pool. Resident understands and agrees that this is a full, final and complete release and that no recovery on account of the matters described herein may hereafter be had from anyone whomsoever, and that the consideration given for this release is no admission of liability.

Section 2. Pool Rules. Resident acknowledges receipt of the Pool Rules ("Pool Rules") governing the use of the swimming pool at Copperbrook. I have read the Pool Rules, I understand them, and I agree to comply with them. I agree that my use of the Copperbrook swimming pool will be on a **SWIM AT YOUR OWN RISK BASIS AND WITHOUT A BENEFIT OF A LIFEGUARD**. I understand that using the pool without a lifeguard can put me alone and others with me at risk of great bodily harm or death. I have full knowledge of the dangers involved, and fully assume all risks of injury or death.

Further, to the extent permitted under the rules, in the event that I allow or bring a guest or invitee or my child or children under the age of sixteen (16) years old (or child or children under the age of (16) years old of any guest or invitee) into the pool area, I agree that (i) I shall

accompany such guest(s), invitee(s) or children at all times while in the pool area, (ii) I shall make such guest(s), invitee(s), and children aware that there is no lifeguard present, (iii) I shall at all times supervise and assume full responsibility to ensure compliance with all of the Pool Rules, and (iv) I shall be liable for, and release and indemnify the Association and its respective successors, assigns, directors, officers, agents, attorneys, and employees from any and all claims detailed in Section 1 of this agreement.

Section 3. Renewal of Agreement. This waiver agreement shall be renewed annually.

Section 4. Number of Wrist Bands per Household. Four (4) wristbands will be provided to the Resident. Please be sure to wear wristbands at all times when entering and using the pool facilities. Those individuals who are not wearing their wristbands will be asked to leave the pool facilities.

THIS WAIVER/RELEASE AGREEMENT IS GIVEN FOR THE FOLLOWING PROPERTY ADDRESS (**PLEASE PROVIDE YOUR DRIVER'S LICENSE OR LEASE AGREEMENT AS PROOF OF RESIDENCE IN COPPERBROOK**):

Homeowner:

_____ Name

_____ Email

_____ Phone Number

_____ Mailing Address (if applicable)

_____ Number of Adults Requiring a Wrist Band

_____ Number of Children Requiring a Wrist Band

Renter/Leasee (if applicable):

_____ Name

_____ Email

_____ Phone Number

_____ Mailing Address (if applicable)

_____ Number of Adults Requiring a Wrist Band

_____ Number of Children Requiring a Wrist Band

Signature
