

## INFORMED CONSENT FOR USE OF HVCSA AMENITIES

I, \_\_\_\_\_ hereby agree to the Rules and Regulations of Holiday Village CSA use of the **Key Fob System and Facilities**.

**By use of the key fob, it is understood that I assume full responsibility for access to the clubhouse, pool and fitness center. I also understand that failure to abide by this agreement may result in suspension of amenity privileges.**

The amenities at Holiday Village CSA are maintained for the benefit of HVCSA Residents. It is the obligation of those using the facilities, to abide by the following rules and regulations:

- **Anyone entering the facilities will require their own non-transferrable key fob.**
- **No one under the age of 18 is permitted without adult supervision.**
- **Guests must always be accompanied by the unit owner, sign in, and may not use the fitness center.**
- **There is \$6.00 one-time charge for key fobs and a replacement charge for lost fobs.**
- **Only homeowners, in good standing, have access to amenities.**
- **Residents must adhere to POOL HOURS and the current pool rules.**
- **Social, Health & Welfare events, scheduled activities, and meetings TAKE PRIORITY for use of the clubhouse.**

With use of the FITNESS CENTER I understand that the purpose is to develop and maintain fitness, body composition, flexibility, muscular strength and endurance. All equipment use should include warm-up and cool downs. The undersigned is responsible for monitoring their own condition throughout the exercise.

Finally, in consideration of use of the Clubhouse, Fitness Center or Swimming Pool, I agree to assume the risk of such use. I further agree to hold harmless Holiday Village CSA, and its staff members, from any and all claims, suits, losses or related causes of action for damages including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising, in any way, from use of the facilities.

In signing this consent form, I affirm that I have read this form in its entirety.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Participant

\_\_\_\_\_  
Key FOB Number