

Clubhouse Access Card Application

I, _____ hereby represent and warrant that: (i) I have read the Loudoun Valley Estates II Fitness Center Rules (“Rules”); (ii) I shall comply with the Rules; (III) I am familiar with the safe and proper use of the exercise equipment in the Loudoun Valley Estates II Fitness Center (“fitness”); (iv) I will use all of the exercise equipment properly, and (v) I am responsible for my conduct in the facility.

I acknowledge and agree that (i) the facility is unsupervised; (ii) that the Loudoun Valley Estates II Homeowners Association, Inc. (“Association”) recommends that I consult with my physician and health care providers before starting an exercise program and using the exercise equipment in the facility; (III) that the improper use of the exercise equipment can lead to injury and death; and that (iv) I am using the exercise equipment at my own risk.

I hereby release and agree to hold harmless the Association, its directors, officers, employees, members, residents and agents for any claims, liabilities, injuries, damages to my person or property, direct or indirect, including but not limited to costs and attorney’s fees, arising from, caused by, or the result of my use of the facility.

I further hereby agree that I am liable for any and all claims, liabilities, injuries, damages to persons or property, direct or indirect, including but not limited to cost or attorney’s fees, arising from, or as a result of my misuse, abuse or negligent use of the exercise equipment. I agree to reimburse the Association for such claims and/or liabilities, injuries, damages to persons or property, including but not limited to, cost and attorney’s fees.

This agreement is binding upon my heirs, beneficiaries, and successors-in-interest.

Address: _____

Phone Number: _____

E-Mail Address: _____

Preferred: Card or Keychain FOB

Resident 1 Name: _____ Age: _____ Gender: M or F

Resident 2 Name: _____ Age: _____ Gender: M or F

Resident 3 Name: _____ Age: _____ Gender: M or F

Resident 4 Name: _____ Age: _____ Gender: M or F

Resident 5 Name: _____ Age: _____ Gender: M or F

Number of cards: _____ X \$20.00 Total: _____