

# *Villas at Northville Hills Condominium Association*

## **WAIVER AND RELEASE OF LIABILITY**

The Villas at Northville Hills Condominium Association (“the Association”), provides fitness and recreational facilities for the use and enjoyment of our residents. Use of these facilities and/or participation in recreational activities conducted on Association premises is at the sole risk and responsibility of the participant, and the Association is not responsible for injuries sustained by residents and/or guests while participating.

I am aware that I could injure myself or be injured by others while using exercise equipment, swimming pools, or other facilities, or while engaging in physical exercise, or other recreational activities on the premises. I understand that participation in these activities is voluntary and I assume all responsibility and risk of injury that might result. I hereby agree to waive and release any claims or rights I might have to sue the Association, its employees or agents for injury on account of my participation in these activities.

I warrant, represent and agree that I am in good physical condition and have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to my health, safety, comfort, or physical condition if I so engage or participate. I will not use the facilities with any open cuts, abrasions, infections or maladies with the potential of harm to others in accordance with public health requirements.

I understand that the PIN number given to me for access to the fitness center is for my use and the use of any occupants of my home over the age of 18. I also understand that the PIN number is my responsibility and the responsibility of my occupants to keep secure and private. I agree that by violating these stipulations, the Association has the right to delete my PIN number, denying my occupants and myself access to the center.

**I have carefully read this Waiver and Release and fully understand that it is a total and complete release of liability.**

\_\_\_\_\_  
Print Name of Head of Household

\_\_\_\_\_  
Print Name of Head of Household

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Unit Address

\_\_\_\_\_  
*Resident Name and Age*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Resident Name and Age*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Resident Name and Age*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Resident Name and Age*

\_\_\_\_\_  
*Signature*

***Completed form may be sent via fax or mail to Kramer-Triad Management Group, L.L.C.***

Management by: Kramer Triad Management Group

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