

Colonial Charles Community Association
Release and Hold Harmless Agreement

THIS Release and Hold Harmless Agreement ("Release") is made this ____ day of _____,
2026 by _____ (Participant) on his or her own behalf
(Please name below each of your minor children who will be using the Clubhouse facilities.)

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

The Participant agrees on his or her own behalf, and on behalf of the minor children named above, to release, indemnify, defend and hold harmless and forever discharge the Colonial Charles Community Association, Inc. and its members, directors, officers, employees and agents from and against any and all damages, obligations, liabilities, claims, demands, suits or causes of action associated with any bodily harm to any resident, guests and/or minor children resulting from the use of any of the Association's facilities and equipment, to the extent permitted under the law, including but not limited to the following facilities and equipment:

- Exercise Equipment
- Indoor and Outdoor Pools
- Sauna or Whirlpool
- Kitchen Appliances and Fixtures
- Furniture, etc.
- Volunteer Activities (e.g. Attendants and other Clubhouse Volunteers)
- Exercise & Dance Classes

By signing this agreement the Participant acknowledges the risks associated with using Clubhouse facilities and equipment and accepts full responsibility for any and all bodily injury that may occur on the Clubhouse premises. The Participant also agrees to abide by the rules set in place by the Association governing use of any facilities and equipment. Furthermore, the adult Participant agrees to actively supervise any minor children named above.

I have fully and freely entered into this Release after due reflection and opportunity to review. Further, I affirm that I am the parent and/or legal guardian of the above-named minor children and have the authority to sign this Release on their behalf.

Seen and agreed: (Please sign first and last name where appropriate.)

Participant's Signature _____

Participant's Printed Name _____

Participant's Address _____

Witness:
(Signature) _____

(Print Name) _____