



**WAIVER OF LIABILITY**  
**PERMISSION FORM**

This Agreement waives the liability of Cornerstone Property Owners Association Inc., hereinafter referred to as CPOA for any use of the services, facilities, swimming pool and/or programs of CPOA. **A non-parent cannot legally sign this waiver for other people's child/children. It must be signed by a parent/legal guardian.**

PLEASE READ CAREFULLY AND SIGN BELOW

1. I, the applicant signing below wish either for myself or my child/children (if applicable) (printed names of all parents and children, as well as all residents over the age of 18)

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\_\_\_\_\_ to utilize the services, facilities, swimming pool, and/or programs offered by CPOA.

2. **I hereby agree that the use of the services, facilities, swimming pool, and/or programs is at my child/children's (if applicable) and my own risk.** As a condition of me and my child/children's (if applicable) use of such services, facilities, swimming pool and/or programs, I on behalf of myself, my heirs and assigns and my child/children (if applicable) expressly agree to forever discharge, waive and release CPOA, its owners, management, staff, servants, agents, employees and/or independent contractors and their heirs, successors and assigns from any and all claims, demands, injuries, damages, actions, or courses of action, and from all acts of active or passive negligence on the part of CPOA, its owners, management, staff, servants, agents, employees and/or independent contractors that I or my child/children (if applicable) may have or acquire against CPOA, its owners, management, staff, servants, agents, employees and/or independent contractors on account of bodily injury, mental injury and/or property damage from, any mishap, accident, loss, damage or injury suffered by my child/children (if applicable) or myself or others resulting from , connected with or caused by the use of CPOA's services, programs, swimming pool and /or facilities whether located on or off the CPOA premises, including, but not limited to any injury resulting from mechanical defects or failure of any equipment or devices used in such services, programs, swimming pool or facilities.

\_\_\_\_\_  
 Initial Here

I further agree to defend, indemnify and hold harmless CPOA, its owners, management, staff, servants, agents, employees and/or independent contractors, their heirs, successors and assigns from any and all claims, losses or liability arising from, connected with or caused by my or my child/children's (if applicable) use of CPOA's services,

Programs, swimming pool and facilities, whether located on or off the CPOA premises.

3. I declare and affirm that I and my child/children (if applicable) am (or are) in good medical and physical condition and that the use of the CPOA services, facilities, swimming pool and/or programs does not pose any danger to my or my child/children's (if applicable) health.

4. I agree that I and my child/children (if applicable) will abide by all the rules and regulations of the CPOA Facilities, which may be posted at the facility, or issued orally and/or published in any CPOA newsletter. These rules may be amended at the CPOA's discretion. I agree that I and my child/children (if applicable) will not engage in behavior injurious to the enjoyment of the facilities by other residents or Guests. I understand and agree that my and my child/children's (if applicable) use of any CPOA facility may be immediately terminated if my (or their) behavior is not in accordance with the above. I have read and understand the foregoing, and acknowledge my consent to the terms of this Waiver and Release for myself and my child/children (if applicable) by signing the Agreement.

\_\_\_\_\_  
Resident/Parent (Both must sign unless single guardianship)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident/Parent (Both must sign unless single guardianship)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child/children's Printed Name(s)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Day Time Telephone #: \_\_\_\_\_ Evening Telephone #: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_  
Other Resident over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Resident over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Resident over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Resident over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Resident over age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Resident over age 18

\_\_\_\_\_  
Date