



TERAVISTA COMMUNITY ASSOCIATION, INC.



– RESIDENT APPLICATION AND RELEASE –

****All residents who wish to sled will be charged a \$2.00 wristband fee.****

****Wristband REQUIRED to sled****

1. Name/DOB of Children: _____ / ____ / ____
 _____ / ____ / ____
 _____ / ____ / ____
 _____ / ____ / ____
2. Name of parent or legal guardian: _____
3. Teravista Address: _____

4. Telephone number: _____
5. Email Address: _____
6. Activity/Equipment: **2010 Winter Wonderland Sledding**

I/we hereby apply for use of the Association's recreational facilities and equipment and/or for participation in the class or activity described above. **I/WE UNDERSTAND THAT THE ASSOCIATION DOES NOT, BY THE PROVISION OF RECREATIONAL FACILITIES, EQUIPMENT, AND PROGRAMMING, ASSUME ANY RESPONSIBILITY OR LIABILITY TO ME/US OR, IF THIS APPLICATION IS ON BEHALF OF MY/OUR MINOR CHILDREN, TO MY/OUR CHILDREN, AND I/WE UNDERTAKE SUCH USE AT MY/OUR OWN RISK.** In consideration of being allowed to participate in the class or recreational activity or to use the equipment described above, **I/WE ASSUME ALL RESPONSIBILITY FOR AND RELEASE AND DISCHARGE THE ASSOCIATION, TERAVISTA COMMUNITY COUNCIL, INC., NNP-TERAVISTA, LP, AND THEIR AFFILIATES, SUCCESSORS, ASSIGNS, AGENTS, DIRECTORS, OFFICERS, MEMBERS, PARTNERS, OFFICIALS, EMPLOYEES, CONTRACTORS, AND REPRESENTATIVES (THE "RELEASED PARTIES"), WHETHER PAID OR VOLUNTEER, FROM ALL CLAIMS, DEMANDS, ACTIONS, JUDGMENTS, AND EXECUTIONS WHICH I/WE AND MY/OUR CHILDREN EVER HAD, OR NOW HAVE, OR MAY HAVE IN THE FUTURE OR WHICH MY/OUR HEIRS, EXECUTORS, ADMINISTRATORS, LEGAL REPRESENTATIVES, OR ASSIGNS MAY HAVE OR CLAIM TO HAVE AGAINST THE RELEASED PARTIES FOR ALL PERSONAL INJURIES AND PROPERTY DAMAGE, KNOWN OR UNKNOWN, CAUSED BY OR ARISING OUT OF THE ABOVE-DESCRIBED ACTIVITY OR USE OF THE ABOVE-DESCRIBED EQUIPMENT.**

I/WE FURTHER WAIVE ANY CLAIM FOR DAMAGES FOR OR ARISING OUT OF THE USE OF THE ASSOCIATION'S FACILITIES OR EQUIPMENT. I/WE UNDERSTAND AND ACKNOWLEDGE THAT I/WE ARE ENGAGING IN THIS USE AT MY/OUR OWN REQUEST AND RISK AND ARE NOT ENTITLED TO ANY COMPENSATION, BENEFIT, OR INSURANCE COVERAGE FROM ANY OF THE RELEASED PARTIES, NOR WILL I/WE CLAIM ANY FROM THE RELEASED PARTIES. I/we further acknowledge that I/we are familiar with the activity and/or equipment and are physically able to perform or use same safely. If this application is on behalf of my/our minor children, I/we hereby represent that I am/we are the legal guardian(s) of said children and, in my/our capacity as such, assume full responsibility for them in accordance with the terms of this release.

I/we have read this application and release and understand all of its terms. I/we execute it voluntarily and with full knowledge of its significance.

Parent / Legal Guardian Signature

Date

Please Print Name

Office Use Only

Form Received by: _____

Date of Receipt: _____

of Bands Issued: _____

Total (\$2.00/Resident): _____

Check # _____

Winter Wonderland Check-In

Replacement Bands issued by: _____

of Replacement Bands Issued: _____

Total (1.00/Replacement Band): _____

Check #: _____