



# Celebration Artisan Park Clubhouse Fitness Room Use Access

Participant Name: \_\_\_\_\_ Date of Birth & Age: \_\_\_\_\_ ( \_\_\_\_\_ )

Parent/Legal Guardian Name (if participant is under 18): \_\_\_\_\_

Email (Please print): \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

In consideration for access to the Artisan Park Fitness Room located in the Artisan Park Service Area Clubhouse for which I am participating through Celebration Residential Owners Association, Inc., I agree on behalf of myself, the members of my family, or group listed on this form, to assume the risks incidental to the use of the Celebration Fitness Room (which risks may include bodily injury) and, on my behalf, my heirs, executors, administrators, legal representatives, and assigns, hereby release and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the participation in such events, and further agree to indemnify and hold each of the release parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including but not limited to, attorney's fee and disbursements. The release parties are the Celebration Residential Owners Association, Inc. (CROA), Celebration Joint Committee, Inc. (CJC), Celebration Nonresidential Owners Association, Inc. (CNOA), Celebration Community Services, Inc. (CCS), Celebration Community Development District (CCDD), Enterprise Community Development District (ECDD), Capital Consultants Management Corporation (CCMC) and the officers, directors, employees, agents, representatives, successors, and assigns of each and every one of the foregoing entities.

I understand I am responsible for following all rules and regulations for access and use of the Fitness Room in the Artisan Park Service Area. Violation of the rules may result in access removal to not only the Fitness Room but other CROA Amenities. I understand that the Fitness Room located in The Artisan Park Service Area Clubhouse is unmanned and will not have any on site personnel who are trained to supervise the use of the Equipment and Facilities or to deal with any injuries, heat-related issues or other matters related thereto. I understand that my use of the Fitness Center involves risks including, but not limited to the following: bodily damage, broken bones, strains, sprains, bruises, abnormal heart beats, abnormal blood pressure, and in rare cases, heart attack, stroke, permanent disability, paralysis and possibly death. These risks may result from a variety of circumstances including, but not limited to, the use or misuse of the Equipment or Facilities, from the activity itself, from the acts of myself or others, or from the unavailability of emergency medical care. I understand that other persons will be permitted to use the Fitness Center and that the released parties shall not supervise or have any responsibility for the acts or omissions of such other persons. I further understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property damage, whether suffered by me or the members of my family or group listed on this release, before, during or after such participation. I further authorize medical treatment for the listed members of my family or group, at my cost, if the need arises.

This agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the Circuit Court of the Ninth Judicial Circuit in and for Osceola County, Florida. I further agree to allow myself, my child, or group to be used in promotional photography and to use my e-mail address to send me information.

**I certify I am 18 years of age or older, the information on this form is accurate and have read and consent to this release.**

**Initial Here ( \_\_\_\_\_ )**

\_\_\_\_\_  
Signature of Participant or Parent / Legal Guardian

\_\_\_\_\_  
Date

**\*\*\*Office Use Only**

Date: \_\_\_\_\_ Received by: \_\_\_\_\_



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