



CONDOMINIUM
PROJECT, INC.

SKYLINE PLAZA FITNESS CENTER RESIDENT WAIVER OF LIABILITY

I hereby certify that I have no disability, impairment or illness that will prevent me from using the exercise equipment facilities at Skyline Plaza Condominium Fitness Center. I further certify that use of the exercise equipment and facilities will not harm my health. I understand that residents using the facilities and equipment do so at their own risk.

I agree to be fully responsible for any costs, damages and expenses incurred by me to the exercise equipment and/or facilities, and any injury sustained by me while using the Skyline Plaza Fitness Center. I further agree not to hold Skyline Plaza Condominium Project, Inc., the management agent and the staff responsible in any way for such injury or damage.

I have read and agree to abide by all the House Rules and Regulations concerning the use of the Skyline Plaza Fitness Center, including those posted in the fitness facility.

**NO ONE UNDER EIGHTEEN (18) YEARS OF AGE MAY USE THE FITNESS CENTER
AND ITS EQUIPMENT.**

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| Name of Resident (Please Print) | | |
| Resident's Signature | Unit | Date |