



**SAVANNAH HOMEOWNERS ASSOCIATION**  
**AMENITY ACCESS APPLICATION/ACKNOWLEDGEMENT OF RISK**

Homeowner(s): \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

As a member in good standing of the Savannah Community Association, Inc. (SCA), I am entitled to full use of the Savannah Swim Facilities, Fitness Center facilities, Tennis Courts, and Basketball Pavilion. Management reserves the right to discontinue my use if my account is not in good standing or if I owe the Association a balance in any amount.

Therefore, in consideration of being allowed to participate in the activities and programs of the Savannah Fitness Center and to its exercise facilities, equipment, and machinery, I do hereby waive, release, and forever discharge SCA, Huffines Communities, Inc., FirstService Residential, Savannah Properties Associates, L.P., and their parents, subsidiaries, directors, officers, agents, employees, representatives, contractors, executors, successors, and assigns and all other acting on their behalf from any and all responsibilities or liabilities for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in these facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to me, including those caused by negligent act or omissions of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the Savannah Fitness Center, Tennis Courts and/or Basketball Pavilion, and including the use of any equipment, sauna or hot tub at the Savannah Fitness Center and including the use of any equipment or amenity, including playgrounds, sports fields, pockets parks, and any other common areas maintained by SCA.

Please Initial \_\_\_\_\_

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of exercise equipment and machinery is a potentially injurious and potentially hazardous activity. I also understand fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the danger involved. I hereby agree to expressly assume and accept any and all risks of injury and death.

Please Initial \_\_\_\_\_

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent any participation in any of the activities and programs of the Savannah Fitness Center or use of equipment or machinery except hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for any participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician's permission to participate and do hereby assume all risk and responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Please Initial \_\_\_\_\_

I hereby acknowledge that the Savannah Swim facilities, Fitness Center, Tennis Courts and Basketball Pavilion are not staffed and that there are times when a representative of the Savannah Fitness Center or SCA may not be present. I understand prolonged use of hot tubs and saunas may cause drowsiness and in severe cases, may result in injury or



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death. I hereby agree to expressly assume and accept any and all risks of injury and death.

Please Initial \_\_\_\_\_

I will be provided an Access Card to be used to enter the Club Savannah Water Park, Fitness Center, Tennis Courts, Volleyball Courts and Basketball Pavilion. Access cards may be seized or deactivated by the SCA for failure to pay dues or for inappropriate conduct by any family member or guest while using the facility. Lost or stolen cards must be reported to SCA management at 972-346-3020 immediately. Replacement cards may be purchased at a cost of \$25 each.

Please Initial \_\_\_\_\_

I hereby acknowledge that the Savannah Fitness Center, Pools, and Basketball Pavilion may be under video surveillance twenty-four (24) hours a day, seven (7) days a week.

Please Initial \_\_\_\_\_

I hereby agree to be responsible for the behavior and liable for any damage caused by me, members of my family and household, and any guests authorized by me to use the fitness center. All guests shall be accompanied by a resident. No person under the age of fifteen (15) will be permitted in the fitness center without adult supervision. Children under the age of thirteen (13) will not be permitted in the fitness center at any time.

Please Initial \_\_\_\_\_

**I hereby acknowledge the amenity access badges will expire four years after issue date.**

Homeowner Signature: \_\_\_\_\_

Permanent Residents and Age(s):

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

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**OFFICE USE ONLY**

Card Number(s):

\_\_\_\_\_  
\_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(4 years from issue date)