



LAKE BARRINGTON COMMUNITY HOMEOWNERS ASSOCIATION

64 Old Barn Road ♦ Lake Barrington, Illinois 60010 ♦ PHONE: 847-382-1660 ♦ FAX: 847-382-2731

Recreational Facilities Usage and Day Trip

Waiver and Release Agreement

In consideration of my being permitted to use the Facilities and/or participate in any LBCHA Day Trip, as the case may be, I agree to release Lake Barrington Community Homeowners Association (“LBCHA”), its members, officers, directors, employees, insurers, and agents (and the successors and assigns of each of them) and any of them, from and against all claims, causes of action, damages, losses, expenses, suits, actions, and judgments (referred to as “Claims”), and waive any Claims which I or my personal representative may have, which in any way relate to my use of LBCHA recreational facilities and activities (collectively referred to as the “Facilities”) or which relates to my participation in any LBCHA sponsored Day Trip.

I am aware of the possible risks, dangers and hazards associated with my participation in any Day Trip, and assume and accept all risks arising out of such participation and I agree to be solely responsible for any injury, loss or damage which I might sustain. Participation in any LBCHA Day Trip includes, but is not limited to, travel to and from location(s), including transportation provided by commercial, private and/or public motor vehicles; intoxication and/or alcohol poisoning due to my consumption of alcoholic beverages; possible exertion and injury; and acts of third parties.

The term Facilities shall include the Marina, including all watercraft, such as row boats, paddle boats, pontoon boats; the fitness center; the swimming pools, including all associated facilities such as whirlpools, saunas, and shower rooms, bike path and the tennis/paddle tennis courts.

This Agreement shall not apply if and to the extent LBCHA is determined to have acted with gross negligence.

I have executed this Waiver and Release Agreement as of this _____ day of _____, 20____, and it shall remain in full force and effect until I revoke it by providing written notice to the LBCHA office.

Check One: Unit Owner Resident Guest**

Printed Name

Date of Birth (must be 18 or older)

Signature

LBS Residence Street Address

This Waiver and Release Agreement supersedes any prior waivers I have signed.

**If a Guest, name of sponsoring resident: _____