

SOUTH RIDING PROPRIETARY OWNER / OCCUPANT CARDIO GYM AFFIDAVIT

43055 Center Street | South Riding | VA | 20152 | 703-327-4390 | www.southriding.net

DATE: _____

STAFF: _____

RECORDED OWNER (S): _____ **PURCHASE DATE:** _____

PROPERTY ADDRESS: _____ **TELEPHONE #** _____
SOUTH RIDING, VA 20152

EMAIL: _____

CURRENT OCCUPANTS: OWNERS / RENTERS* (CIRCLE ONE) **AMOUNT PAID \$** _____
Renters must have a valid Absentee Owners Statement on file before a FOB will be provided.* **\$25.00 PER FOB
RENTERS NAME: _____ **NON-REFUNDABLE**

RENTERS TELEPHONE # _____ *Lease Exp Date.* _____
Entrance FOB's are non-transferable. Each household must have a FOB to utilize the facility.

All cardio gym rules must be adhered to. Privileges can be suspended at the sole discretion of the SRP General Manager

If you suspect or discover that your FOB has been lost or stolen, immediately notify Town Hall for deactivation. Residents will be responsible and charged for any damage made to SR property by persons entering with an activated FOB.

Print Name(s) - LIST ALL OCCUPANTS (proof of occupancy required)	BIRTHDATE	NEW or REPLACEMENT	FOB #	RESIDENT INITIALS
		New / Repl.		
		New / Repl.		
		New / Repl.		

Exception - * Owner/Occupant Affidavit signed by Parent or legal Guardian for children ages 13-17 to obtain access to the cardio gym: By signing this document you are authorizing your child to utilize the cardio gym and equipment therein. Children must remain under your supervision at all times and you are assuming all risks as stated below.

EMERGENCY CONTACT INFORMATION:

NAME	RELATIONSHIP	PHONE #1	PHONE #2

OWNER STATEMENT:

I certify that I am an Owner /Occupant of the above property and the information provided in this Owner Affidavit is true and correct as of the date set forth opposite my signature. I further acknowledge my understanding that I will be held financially responsible for any intentional or negligent actions, rule violations, or damage to any SRP equipment or SRP property. Any such actions may result in civil liability and/or criminal penalties including, but not limited to, fines, as well as suspension of all South Riding Proprietary Facility privileges.

OWNER'S SIGNATURE*: _____ **DATE** _____

**Renter if applicable*

BILLING ADDRESS IF DIFFERENT FROM ABOVE: _____

ASSUMPTION OF RISK FOR PARTICIPATION/USE OF THE SR CARDIO GYM EQUIPMENT:

I/We, the undersigned, realize that participation in any activity involves risks of injury and/or abnormal responses, including but not limited to, soft tissue or muscle strains/sprains, heat stress, head and spine and related musculoskeletal trauma, abnormal blood pressure, fainting, chest discomfort, heart attack, or even death. I/We also recognize that there are many other risks of injury, including serious disabling injuries, that may arise due to participation in any activity and that it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and appreciating knowing and reasonably anticipating that other injuries and even death are a possibility, I/we hereby expressly assume all other delineated risks of injury, all other possible risks of injury, and even risk of death, which could occur, by reason of my participation.

I/We had the opportunity to ask questions. Any questions I/we have asked have been answered to my satisfaction. I/We subjectively understand the risks of my participation in any activity, and knowing and appreciating these risks, I voluntarily choose to participate, assuming all risks of injury or even death due to my participation. I/We received a copy of the SR Cardio Gym Rules as approved by the Board of Directors.

SIGNATURE: _____ **DATE** _____

