



Sun City Anthem RV Club

Informed Consent, Release and Waiver

A form must be completed and signed for each person

Last Name: _____ First: _____

Address: _____

City _____ State: _____ Zip _____

Telephone No _____ Email: _____

As a Member or Guest of the Sun City Anthem RV Club ("Club"), I understand and acknowledge that the primary activities of the Club ("Activities") include towing, driving or riding in our recreational vehicle (RV), sharing potluck dinners, and participating in various rally activities. These activities could result in injury, illness or disease, physical damage to our RV or other vehicles, or even death. Therefore I declare as follows:

1. I understand that each Member or Guest (myself included) has a different capacity for participating in the Activities. I assume full responsibility for choosing to participate in the Activities, determining how I participate and applying any information or instruction received with respect to the Activities.
2. I understand that participating in the activities involves health and other risk, including economic loss, disabilities or death, and I willfully and voluntarily assume those risks for myself.
3. I accept the personal responsibility to always act in the safest and most prudent manner and to abide by the rules of Sun City Anthem Community Association, Inc. ("Association") and the Club whenever participating in the Club's activities.
4. I understand that I am responsible for obtaining any insurance coverage I may desire when participating in the Activities and that **neither the Club nor the Association will provide me with any insurance coverage.**
5. I acknowledge that I have been strongly advised by the Club to obtain my doctor's approval before participating in the Activities. I also acknowledge that I have been strongly advised to have an annual or more frequent physical examination and to review with my doctor the degree of physical activities that I am capable of undertaking. I understand that my decision to participate in the Activities is between my doctor and myself. I further understand that the Club does not have the resources to review, and is not responsible for reviewing, my decision to participate in the Activities. I acknowledge that I have elected to participate in the Activities with or without the approval of my doctor, and hereby assume all risk and responsibility for my participation in the Activities.
6. By signing this document, I acknowledge that I have voluntarily chosen to participate in the Club's Activities. I assume all responsibility for my health and the risks set forth above and on behalf of my heirs, beneficiaries, dependents and personal representatives, I release and hold harmless any & all representatives of the Club and the Association with respect to my participation in the Activities.

I am freely and voluntarily executing this Informed Consent Release and Waiver. I acknowledge that I have read it. I understand it and agree to be bound by my declarations contained herein.

Signature of Member (or Guest)

Date

Witness