Walgra Meadows Property Owners Association
P. O. Box 946
Meadow Vista, California 95722

RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate and use in any way the sports court facilities and activities including pickleball, basketball and tennis playing, learning, coaching, observing, its related events and activities on **Walgra Meadows Property Owners Association's** sports courts, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of **Walgra Meadows Property Owners Association** personnel immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin,HEREBY RELEASE, INDEMNIFY, HOLD HARMLESS, AND AGREE NOT TO SUE **Walgra Meadows Property Owners Association,** its residents, homeowners and lot owners, any other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x_____ _____ _____
GUEST PARTICIPANT'S SIGNATURE | DATE | PHONE NUMBER

_____ _____
GUEST PARTICIPANT'S NAME | ADDRESS - Street, City, State, Zip

x_____ _____
PARENT SIGNATURE OF GUEST MINOR (under age 18) | PARENT NAME OF GUEST MINOR

_____ _____
WALGRA MEADOWS HOMEOWNER'S NAME | LOT #

IMPLEMENTATION PROCESS:

1. Liability Release forms must be signed by all sports court users who are not a resident of Walgra Meadows. This would include all guests of residents and family members who are not an owner of a lot in Walgra Meadows and renters of homes in Walgra Meadows and their families and guests. Please retain this form for use and reference. Forms will also be available on the WMPOA Courts.
2. Signed Liability Release forms are to be sent to the Association Secretary (currently Toni Ryan, PO Box 509, Meadow Vista, CA 95722, or scanned and emailed to toni@toniryan.com for indefinite retention.