

**HONOLULU PARK PLACE CLUB  
LIABILITY RELEASE  
(FOR COMPLETION BY MEMBERS)**

I understand and acknowledge that use of the recreational facilities and equipment located in the HONOLULU PARK PLACE CLUB ("CLUB") and/or participation in the activities offered by or conducted in the CLUB presents an inherent potential risk of injury, and that it is impossible for any person or entity to insure or guaranty that any injury or harm will not occur to me or any other user by reason of, or attributable to use of such recreational facilities and equipment located herein and/or participation in the activities offered by or conducted in the CLUB. I hereby accept and assume any and all risk of harm or injury which may occur by reason of, attributable to and/or arising from my presence in the CLUB. In light of this understanding, I also release, discharge and hold harmless the Association of Apartment Owners of Honolulu Park Place, its owners, officers, directors, employees or agents, Board of Directors and Managing Agent from any and all liability, costs and/or damages of any nature or type resulting from and/or attributable to my use of the facilities, equipment and services of the CLUB, and/or my participation in the activities offered by or conducted in the CLUB. I also acknowledge that neither the Association of Apartment Owners of Honolulu Park Place, nor its owners, officers, directors, employees or agents, Board of Directors and Managing Agent has any obligation or responsibility to supervise any of my activities or use of the equipment and/or facilities while I am in the CLUB. To my knowledge, I do not have any limiting physical or medical condition or disability of any kind which would preclude, or endanger my health from participation in physical exercise or use of the equipment in the CLUB.

I have been informed that approval of a medical doctor should be obtained prior to and in connection with any exercise program, and that I have either obtained the approval of a medical doctor prior to engaging in any exercise program or I have willingly and knowingly chosen not to obtain the approval of a medical doctor.

**The following section must be completed by MEMBER:**

PRINTED NAME: \_\_\_\_\_ UNIT # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_