

THE SHERWOOD ASSOCIATION, INC.

RECREATIONAL FACILITIES LIABILITY WAIVER

The undersigned, on behalf of themselves, all minors under their care and all guests and invitees (collectively, the "Waiving Parties") understand and agree that there is a risk of injury or death from the use of the recreational facilities owned by The Sherwood Association, Inc. or its successor and/or assigns (the "Facilities"), which Facilities include but are perhaps not limited to swimming facilities, tennis facilities, basketball facilities, playground facilities and remaining grounds. The Waiving Parties expressly assume such risks and acknowledge that neither The Sherwood Association, Inc. nor any related entity nor any of their officers, directors or members shall be liable for any claims, demands, injuries, damages or death to person or property arising out of or in connection with the use of the Facilities, whether or not said injuries, damages, or death are due to the negligence of The Sherwood Association, Inc., any related entity or their respective officers, directors or members. The Waiving Parties hereby hold The Sherwood Association, Inc. and all related entities, together with their respective officers, directors and members, harmless from any and all claims of any kind or nature which may be brought against them. Individual members will be held financially responsible for any and all damage they, all minors under their care, their guests, and their invitees may cause.

Each of the undersigned certify that all of the information below is true and correct, that there are no members of the undersigned's household over 18 years of age who have not executed this waiver, and that all individuals under the age of 18 years of age in the undersigned's care are listed below.

Waiving Parties (Attach additional signature pages for additional Waiving Parties if necessary)

(Signature)
Printed Name: _____
Telephone #: _____
Date of Birth: _____
Address: _____
Date: _____

(Signature)
Printed Name: _____
Telephone#: _____
Date of Birth: _____
Address: _____
Date: _____

Listing of All Individuals Under 18 Years of Age In Waiving Parties' Care:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____