

Shannon Vista Clubhouse Request and Liability Release Form

Today's Date: _____

Address: _____

Homeowner Name
(First and Last): _____

Day Phone Number: _____

Evening Phone Number: _____

E-mail Address: _____

Date of Rental Request: _____

Start Time to End Time: _____

Estimated Number of People: _____

Event Type: _____

Will Alcohol Be Served: _____

You are responsible for having your own liability insurance coverage.
The Shannon Vista Homeowners Association is not responsible for any insurance claims.

Once you have reserved your rental through TownSq, please upload this form via TownSq and mail 1 check in the amount of \$50.00 payable to Shannon Vista for the rental fee. This check is required within five (5) business days of the date of confirmation order to hold the date for you. The \$50.00 rental fee goes towards the maintenance and improvement of the clubhouse.

TownSq:	www.Townsq.io
Office Number:	704-944-8181

During your use of the clubhouse, you are liable for any damage done to the property. These may be greater than the deposit amount that you have paid. Once an inspection has been done, you will be notified of the repair costs for any damages that were done.

In consideration for being allowed to rent the clubhouse, irrespective of the activities conducted at the clubhouse, I do covenant not to sue Shannon Vista Homeowners Association, its directors, agents, officers, volunteers, employees, advisors, and/or the individual members of the Shannon Vista HOA (hereinafter "Releases") and do hereby release and forever discharge the Releases' from any and all liability claims, or demands for any injury, illness, death or loss of or damage to property suffered while participating in activities conducted pursuant to or as a result of this clubhouse rental request.

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The release, waiver of liability and indemnity provisions of this document specifically includes, but not limited to, liability or claims for injury, illness, death or damage caused by the negligence of any of the Releases', including negligence in rescue operations. I further agree that if I or anyone on my behalf or anyone of my invitees or their guests claim or demand against any of the Releases', I will indemnify, save, and hold harmless each of the Releases' from any loss, liability, damage or cost which any may incur as the result, including but not limited to the costs of reasonable attorney's fees incurred to defend the claim.

I have read the RELEASE, WAIVER OF LIABILITY, AND INDEMNITY provisions of this document and I understand that I give up substantial rights by signing this document. I also understand that I undertake significant responsibilities and obligations by signing this document. I represent that I have signed it freely and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and I agree that if any portion of this document is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

By signing below, I accept the terms of this agreement.

Name _____

House Number _____

Signature _____

Date _____

Please contact Associa Carolinas at 704-944-8181 with any questions.
Thank you!

Please make check payable to: Shannon Vista HOA

Mail Check to:

6000 Fairview Road, Suite 1200

Charlotte, NC 28210