

**DESERT SHADOWS RV RESORT OWNERS ASSOCIATION, INC.**

**ASSUMPTION OF RISK, RELEASE FROM  
LIABILITY AND INDEMNIFICATION AGREEMENT**

I, \_\_\_\_\_, wish to use all facilities, activities & common areas within the Desert Shadows RV Resort (the "Facilities").

1. **Assumption of Risk.** I hereby acknowledge that my use of the Facilities gives rise to risk of bodily injury to myself and other hazards (including damage to or loss of personal property), and I further acknowledge that I knowingly and voluntarily assume the risk of the same.

2. **Release from Liability.** I hereby fully RELEASE, WAIVE and DISCHARGE the Association, its members, directors, officers, representatives, administrators, clubs, agents, partners, employees, attorneys, insurers, successors and assigns (collectively referred to as "Association"), FROM ANY AND ALL LIABILITY based on, arising out of or occurring in connection with my use of the Facilities or the Association's provision of the Facilities. For purposes of this Agreement, the term LIABILITY shall refer to and include all past, present or future claims, damages, actions and causes of action, of whatever kind or nature, including, but not limited to, claims based on the active or passive negligence of Association, including wrongful death and other claims that may be filed on behalf of or for myself.

3. **Indemnity.** I hereby agree to INDEMNIFY and HOLD HARMLESS the Association, its members, directors, officers, representatives, administrators, clubs, agents, partners, employees, attorneys, insurers, successors and assigns, FROM ANY AND ALL CLAIMS, DAMAGES, ACTIONS, CAUSES OF ACTION, LIABILITIES, LOSSES, COSTS, ATTORNEYS' FEES AND ANY OTHER EXPENSES based on, arising out of or in connection with my use of the Facilities.

4. **Emergency Medical Care.** I give my permission to the Association, its employees, agents and representatives, to obtain emergency medical care for me, if considered by them to be necessary. In case of an emergency, the following person(s) should be contacted:

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number)