## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

This Release and Waiver of Liability ar	nd Indemnity	Agreement (the "Release	e") executed on this
day of, 2	20 by	<i></i>	(property
"Owner") in favor of GALE ESTATES, L	.TD. dba SER	ENITY OAKS, its partners,	employees, directors,
officers, agents, successors, and assign	ns (collective	ly referred to as "Gale").	
I,the <b>Owner,</b> ir	ncluding any	member of my family or g	guest, desire to use the
swimming pool and related facilities a	t Serenity Oa	aks;	
I, on behalf of myself, and any membe duress, execute this Release under the	•		and voluntarily, without
I, the <b>Owner</b> , release and forever disciplants, damages, losses, expenses (inceither in law or in equity, which arise of swimming pool and related facilities.	cluding litigat	tion costs) and demands o	of whatever kind or nature,
I understand and acknowledge that the have against <b>Gale</b> with respect to bod use of the swimming pool at Serenity responsibility for my use of the swimn	ily injury, pe Oaks. I also ι	rsonal injury, illness or de	ath that may result from my
I hereby expressly and specifically assupool activities at Serenity Oaks and redamage resulting from my use of the	lease <b>Gale</b> fr	om all liability for injury, i	llness, death, or property
I expressly agree that this Release is in the State of Texas, and that this Relea laws of the State of Texas. I agree that held to be invalid by any court of comp not otherwise affect the remaining pro-	se shall be go t in the even petent jurisd	overned by and interprete t that any clause or provis iction, the invalidity of sur	ed in accordance with the sion of this Release shall be ch clause, or provision shall
To express my understanding of this R	elease, I sign	here.	
Owner: Name (please print)			
Address:			
Email Address:			<u> </u>
Phone Number:			_
Signature:		Da	ate:
Number of Wristbands: Large:	Sma	II:	
Witnessed by:			_