CONTEMPO HOMEOWNERS ASSOCIATION

4190 Gemini Drive, Union City, CA 94587 Phone: 510-489-4440

FACILITY USE APPLICATION CABANA 2 32500 METEOR DRIVE

1.	APPLICANT:		PHONI	E # [HOME]:		
		WORK]:				
2.	CONTEMPO ADDRESS:					
	MAILING ADDRESS IF DIFFERENT:					
3.	PRINT NAME OF PERSON IN CHARGE	OF FUNCTION:				
	PHONE NUMBER:					
4.	USE DATE:	нои	RS: FROM	AM/PM	то	AM/PM
5.	TYPE/AGE OF GROUP:		OREN:	ADULTS:		-
6.	NATURE OF FUNCTION:			EST. # OF AT	TENDANCE:	
	WILL ALCOHOL BE SERVED? Y/		: BEER			
	WILL THERE BE TAPED MUSIC: Y/	/N	LIVE MUSIC/DJ	:		
	CONTEMPO HOMEOWNERS ASSOCIATION ("CHOA"). I also understand that	PO HOA; 32500 ME	TEOR DRIVE, UNIO	ON CITY, CA 94	4587	
SIGNA	ATURE OF APPLICANT:		DATE:			
FOR C	OFFICE USE ONLY: DATE REC'D	ВУ С	ONTEMPO STAFF			
DUES	CURRENT: CHECKS: DEPOSIT PR	OVIDED (DATE):	us	SE FEE PROVID	ED (DATE):	
PICKED UP RENTAL PACKAGE & KEY: DATE TIM				KEY	RETURNED	TO OFFICE
CHEC	KED CABANA FOR CLEANLINESS AND	DAMAGES	DEPOSIT RETU	JRNED □		
AMO	UNT USED FOR CLEANING/REPAIRS:	Ś	CLEANING/REPA	IR NOTICE SEN	NT (DATE):	

Contempo Homeowners Association

CABANA FACILITY USE AGREEMENT Release, Indemnity and Hold Harmless

I,	("Owner"), a	member of	the Conte	mpo
Homeowners Association	("Association"), request	the Associati	on allow m	e to
reserve and use the Associ	ation's Cabana facility ("Fa	acility") on	[c	late]
for		("	Event") purs	uant
to the terms and provision	s of this Agreement and in	accordance w	ith the Conte	mpo
Cabana rules and regulatio	ns. In connection therewi	th. I agree to al	l of the follov	ving:

Release From Liability

I hereby fully RELEASE, WAIVE and DISCHARGE the Association, its members, directors, officers, volunteers, agents, employees, insurers, attorneys, successors and assigns, FROM ANY AND ALL CLAIMS, DAMAGES, ACTIONS AND CAUSES OF ACTION, OF WHATEVER KIND OR NATURE, WHETHER KNOWN OR UNKNOWN, SUSPECTED OR UNSUSPECTED, INCLUDING, BUT NOT LIMITED TO, CLAIMS BASED ON ACTIVE OR PASSIVE NEGLIGENCE AND/OR WRONGFUL DEATH based on, arising out of or in connection with the Event and/or my, my family members, tenants and my/their guests' use of the Facility.

Indemnification

I hereby agree to DEFEND, INDEMNIFY and HOLD HARMLESS the Association, its members, directors, officers, volunteers, agents, employees, insurers, attorneys, successors and assigns, FROM ANY AND ALL CLAIMS, DAMAGES, ACTIONS, CAUSES OF ACTION, LIABILITIES, LOSSES, COSTS, ATTORNEYS' FEES AND ANY OTHER EXPENSES ("Claims") based on, arising out of or in connection with the Event as well as my, my family members, tenants and my/their guests' use of the Facility.

For any event using the Facility Owner shall have his or her homeowners' insurance carrier name Association, its Board of Directors and Management as additional insureds under said policy. At least 48 hours prior to the use of the Facility Owner or Owner's insurance broker shall supply an endorsement to Owners' homeowners' policy naming the Association, its Board of Directors and Management as additional insureds to Association's Management. A certificate of insurance shall not be sufficient to comply with this requirement. Failure to provide the endorsement set forth above shall be grounds to revoke any license to use the Facility.

Responsibility for Others

Owner agrees that all of Owner's duties hereunder regarding RELEASE FROM LIABILITY, INDEMNIFICATION OR OTHERWISE PROTECTING THE ASSOCIATION AND

RELATED PARTIES FROM LIABILITY OR LIMITING OR WAIVING THE ASSOCIATION'S AND RELATED PERSONS' LIABILITY APPLY EQUALLY TO EACH AND EVERY PERSON OR INDIVIDUAL USING THE FACILITY IN CONNECTION WITH THE EVENT. Accordingly, as between the Association and Owner, Owner (and not the Association) shall be responsible for any and all such persons/individuals and SHALL DEFEND, INDEMNIFY AND HOLD THE ASSOCIATION AND RELATED PERSONS HARMLESS FROM ANY AND ALL CLAIMS BY SUCH PERSONS OR INDIVIDUALS AND FROM ANY CLAIMS BY OTHER USERS OF THE FACILITY ARISING OUT OF THE USE BY OR THE ACTS OR OMISSIONS OF OWNER, OWNER'S FAMILY MEMBERS, TENANTS AND/OR GUESTS.

Responsibility for COVID and Communicable Disease Claims

Owner agrees that all of Owner's duties hereunder also apply to any Claims allegedly based, in whole or in part, upon exposure, infection and/or spread of COVID-19 or any other communicable disease related to the Event or the use of the Facility.

Authorized Tenants

The following tenants of Owner are hereby authorized by Owner to conduct the

Owner understands and agrees th diminished or limited by Owner's ter	at Owner's liability hereunder is in no way nants' conduct of the Event.
	<u>Legal Fees</u>
,	y any party for breach or interpretation of this all be awarded all costs and expenses of suit,
THE UNDERSIGNED HAS READ, UN AGREEMENT.	DERSTOOD AND VOLUNTARILY SIGNED THIS
Dated:	Signature
	Print Owner's Name:
	Owner's Contempo Address:
	Owner's Mailing Address:

Event: