

RECREATIONAL FACILITIES GUEST ACCESS CARD REGISTRATION FORM

ARLINGTON RIDGE COMMUNITY DEVELOPMENT DISTRICT

**A Guest Pass is required for each guest over the age of 18 years old.
(\$10 deposit is required for each pass, refundable when pass is returned)**

Guest Access cards will be valid for the period of time they are issued and in no event more than 15 days per calendar year for any individual.

RESIDENT NAME: _____ LOT # _____

ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____

EMAIL ADDRESS (optional): _____

Guest Name: _____ Card # _____

Guest Name: _____ Card # _____

Guest Name: _____ Card # _____

Guest Name: _____ Card # _____

Of Children under 18 years old: _____ Dates of Visit: _____

ACCEPTANCE:

I acknowledge receipt of the Recreational Facility Access Card identified above and that the above information is true and correct. I understand that I have willingly provided all the information requested above and that it may be used by the District for various purposes. I also understand that by providing this information that it may be accessed under public records laws. I also understand that I am financially responsible for any damages caused by me, my family members or my guests and the damages resulting from the loss or theft of my Recreational Facilities Access Card. It is understood that Recreational Facilities Access Cards are the property of the District and are non-transferable except in accordance with the District's rules, policies and/or regulations. In consideration for the admittance of the above listed person and their guests into the facilities owned and operated by the District, I agree to hold harmless and release the District, its agents, officers, supervisors and employees from any and all liability for any injuries that might occur in conjunction with usage of recreational facilities (including but not limited to: fitness rooms and equipment, swimming pools, tennis courts, pickle ball courts, Lexington Spa, restaurant/tavern, clubhouse facilities). Nothing herein shall be considered as a waiver of the Districts sovereign immunity or limits of liability beyond any statutory limited waiver of immunity or limits of liability, which may have been adopted by the Florida Legislature in Section 768.28, Florida Statutes or other statute. I also acknowledge that I have been provided the website address <http://www.arlingtonridgecdd.org> to review the Recreational Facilities Use Policy and Rates, which also includes our guest policy. These Policies and Rates are located on the Documents page located on the toolbar on the front page of the website.

Signature of Authorized User

Date

Please return all guest passes when your guests leave.

OFFICE USE ONLY

Date Entered in System

Staff Member Signature

Date Returned