



### Overnight Parking Authorization

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Vehicle (Make/Model): \_\_\_\_\_ Tag Number: \_\_\_\_\_

Date(s) Vehicle Will Be Parked on CDD Property: \_\_\_\_\_

Area Vehicle Will Be Parked: \_\_\_\_\_

Reason for/Special Terms of Permit (if applicable): \_\_\_\_\_

\_\_\_\_\_

Each Resident and Guest assumes sole responsibility for his or her property. The Arlington Ridge Community Development District ("ARCDD") and its contractors shall not be responsible for the loss or damage to any private property used or stored on or in any of the amenity facilities (the "Facilities"), including loss or damage to vehicles or the contents of vehicles parked overnight on ARCDD premises. Residents and Guests shall be liable for any property damage and/or personal injury caused by that Resident or Guest and/or his or her vehicle while on ARCDD premises. The District reserves the right to pursue any and all legal and equitable measures necessary to remedy any losses it suffers due to property damage or personal injury caused by a Resident, a Guest, or vehicle thereof.

In consideration of being allowed to park overnight on ARCDD premises and otherwise being allowed access to its Facilities, the undersigned hereby releases and forever discharges, indemnifies and holds harmless the ARCDD, its agents, employees, officers, directors, successors, assigns, representatives and affiliates of and from any and all demands, actions, causes of action, suits, damages, claims, liabilities and costs whatsoever, including attorneys' fees, of every name and nature which the undersigned or any of the undersigned's dependents or any other person whatsoever related to or affiliated with the undersigned ever had, now has or may have in the future, or may have for or by reason of any injuries, damages, claims or other matters whatsoever arising out of or related in any way to the undersigned's parking on ARCDD premises, presence at or use of the Facilities, utilization of any service provided by the Facilities, or participation in any event, function or activity sanctioned or organized by the Facilities manager. The undersigned acknowledges that he or she parks on ARCDD premises, utilizes the Facilities and their services, and/or participates or engages in any event, function or activity sanctioned or organized by the Facilities manager, at his or her own risk.

The undersigned agrees to abide by and follow all applicable policies, rules, ordinances, and laws, including but not limited to:

- Any and all policies, rules and regulations set forth in the ARCDD Amenity Facilities Policies, as amended time to time;
- The ARCDD Rule Relating to Overnight Parking and Parking Enforcement;
- Chapter 316, Florida Statutes;
- City of Leesburg Code of Ordinances; and
- The Arlington Ridge Community Association covenants and restrictions

The undersigned acknowledges that failure to comply with any of the same may result in expulsion from Facilities, a suspension of privileges relating to the Facilities, legal action, and/or in the case of unauthorized parking, towing of the vehicle parked in an unauthorized manner, as applicable.

In witness whereof, the undersigned executes this Waiver and Release of Liability the \_\_\_ day of \_\_\_\_\_, 20\_\_.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
ARCDD General Manager

**NOTE TO STAFF:** This form may contain confidential information. Please do not disclose its contents without first consulting the District Manager. **PRIVACY NOTICE:** Under Florida's Public Records Law, Chapter 119, Florida Statutes, some of the information you submit on this form may become part of a public record. This means that if a citizen makes a public records request, we may be required to disclose certain parts of the information you submit to us.



**Overnight Parking Permit**

*Please display on bottom left side of windshield*

**EXPIRATION DATE:** \_\_\_\_\_

**VEHICLE MAKE/MODEL:** \_\_\_\_\_

**TAG NUMBER:** \_\_\_\_\_

**AUTHORIZATION:** \_\_\_\_\_

ARCDD General Manager (signature required)