

Arlington Ridge Community Development District

Registration Form

Recreational Facility Access Card and Vehicle Barcode

Name:		Lot #:
Address (Here at AR):		Leesburg, FL 34748
Alternate Address:		
Home Tel#:	Cell:	Email:
Office Use Only:	Access Card #:	Barcode #:
Rental Exp. Date:	Owner Name:	Rcvd Assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please check one of the following that applies and provide the document(s) listed with this completed form.

<input type="checkbox"/> New Resident/Homeowner a. Closing/Settlement document b. Driver's License/State ID or Utility Bill c. Vehicle Registration	<input type="checkbox"/> New Resident Renting/Leasing a. Lease Agreement b. Driver's License/State ID or Utility Bill c. Vehicle Registration
<input type="checkbox"/> Current Resident Registering New Vehicle a. Driver's License b. Vehicle Registration	<input type="checkbox"/> Replace Vehicle Barcode a. Driver's License b. Vehicle Registration
<input type="checkbox"/> Replace Access Card \$5.00 per card replacement fee a. Driver's License	

Name(s) on Vehicle Registration:	
License Plate#:	Year/Make/Model/Color:
Information of vehicle no longer in use/deactivate old barcode:	

ACCEPTANCE: I have read and understand the barcode use policies and agree to abide by them. I/we further understand that failure to follow the barcode use policies may lead to suspension or revocation of usage of the barcode system.

- 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 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. By signing below I acknowledge for myself, the patrons in my residence, and my guests that I have read the Recreational Facilities Use Policies and Rates. Any questions concerning these policies have been discussed. My signature also certifies my understanding of and agreement with the policies and that I am responsible for following them, as are my guests, and patrons in my residence.
- Owners and Tenants acknowledge that this document and its contents, as well as any communications to the District, may be considered public records, pursuant to Chapter 119, Florida statutes, and shall be treated as such in accordance with Florida Law.

1. _____
Signature of Authorized User:

Date

Entererd in Net2Pro	Scanned to Lots Folder	Added to Residents List	Email Subscription
Staff Name and Date:			