

HIGHLANDS COMMUNITY DEVELOPMENT DISTRICT

Amenity Facilities Access Card Registration Form

NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ADDITIONAL RESIDENT 1: _____ DOB IF UNDER 18 _____

ADDITIONAL RESIDENT 2: _____ DOB IF UNDER 18 _____

ADDITIONAL RESIDENT 3: _____ DOB IF UNDER 18 _____

ADDITIONAL RESIDENT 4: _____ DOB IF UNDER 18 _____

ADDITIONAL RESIDENT 5: _____ DOB IF UNDER 18 _____

ADDITIONAL RESIDENT 6: _____ DOB IF UNDER 18 _____

ACCEPTANCE:

I acknowledge receipt of Facility Access Cards for the above listed residents 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 or my family members' Facility Access Cards. It is understood that Facility 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 persons and their guests into the facilities owned and operated by the District, I agree to hold harmless and release the District, its agents, officers and employees from any and all liability for any injuries that might occur in conjunction with the use of any of the District's amenity facilities (including but not limited to: swimming pools, basketball courts, fitness center, clubhouse facility, playground equipment, other facilities), as well while on the District's property. Nothing herein shall be considered as a waiver of the District's 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.

Signature of Patron
(Parent or Legal Guardian if minor)

Date

RECEIPT OF DISTRICT RULES & RATES:

I acknowledge that I have been provided and understand the terms in the **Amenity Facility Policies**.

Signature of Patron
(Parent or Legal Guardian if minor)

Date

GUEST POLICY:

Please refer to the **Amenity Facility Policies** for the most current policies regarding guests.

PLEASE RETURN THIS FORM TO:

Highlands Community Development District
Attn: Jane Gaarlandt, District Manager
12051 Corporate Boulevard
Orlando, Florida 32817
Telephone: (407) 382-3256
Email: janeg@fishkind.com

OFFICE USE ONLY:

Date Received

Date Entered in System

Staff Member Signature

PRIMARY RESIDENT:

Access Card # _____

ADDITIONAL RESIDENT 1:

Access Card # _____

ADDITIONAL RESIDENT 2:

Access Card # _____

ADDITIONAL RESIDENT 3:

Access Card # _____

ADDITIONAL RESIDENT 4:

Access Card # _____

ADDITIONAL RESIDENT 5:

Access Card # _____

ADDITIONAL RESIDENT 6:

Access Card # _____

ADDITIONAL INFORMATION:

Phase 1 – Highland Chase _____ Phase 2 – Highland Court _____ Phase 2A – Stonegate _____

Phase 2B – Highlands Meadow _____ Phase 3A – Stone Ridge _____

New Construction: _____ Re-Sale: _____ Prior Owner: _____

Rental: _____ Landlord/ Owner: _____ Lease Term: _____