

SOUTHAVEN COMMUNITY DEVELOPMENT DISTRICT
Markland Amenity Facility Registration
NAME OF PATRON(S) AND ALL FAMILY LIVING IN HOUSEHOLD
(First and Last Name):

Name	Name	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____

If Renter, Name of Owner: _____

E-Mail: _____

MARKLAND ENTRY:
 Facility Access Card Number(s): _____

ACCEPTANCE:
 I acknowledge receipt of the Key Cards identified above. I further acknowledge the waiver as set forth below and agree to its terms. I have also been provided with, read, and agree to abide by the Southaven CDD Rules, Policies & Rates for Usage for all District Facilities as amended. I also understand that I am financially responsible for any damages caused by me, my family members or my guests and for any damages resulting from the loss or theft of my Key Card. I further understand that I am financially responsible for any damages caused by any person(s) whom I allow to reside in my home by any formal or informal agreement and with whom I share my rights to access the Amenity Facilities by granting said person(s) use of my Key Card. I also agree to report to the Amenity Manager any individuals residing in my home, whether related to me or not, so that the Amenity Manager is able to keep track of the number of non-resident guests I bring to the Amenity Facilities.

 Signature of Property Owner or Renter

 Date

<p>GUIDELINES FOR GUESTS:</p> <ul style="list-style-type: none"> Patrons may bring up to 4 guests (per household) at any given time. The Patron must accompany their guest(s) at all times. 	<ul style="list-style-type: none"> An individual may be a Guest of a Patron no more than eight (8) times per calendar year.
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The undersigned agrees and acknowledges that the above information is true and correct. It is understood that Key Cards are the property of the Southaven Community Development District ("CDD" or "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 Amenity Facilities owned and operated by the CDD, the undersigned agrees to hold harmless and release the CDD, its agents, officers and employees, Southaven Land Associates, LLC, and Vesta Property Services, its agents, officers and employees from any and all liability for any injuries that might occur in conjunction with usage of the Amenity Facilities (including but not limited to: fitness rooms and equipment, swimming pools, tennis courts, playground equipment, club house space). 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 Home Owner or Renter

 Date

FOR PROPERTY ONLY:

The undersigned, a Property Owner within the CDD, agrees and acknowledges that it will not provide Key Cards to any Renter (as used herein, the term Renter shall include all family members of the specifically named Renter) or Contract Purchaser without first providing a Markland Amenity Facility Registration Form (the "Registration"), executed by Renter or Contract Purchaser, to a Markland Amenity Facility staff member. Should the undersigned provide facility Key Cards to a Renter or Contract Purchaser without providing the Amenity Manager with a Registration signed by Renter or Contract Purchaser, the undersigned agrees to be financially responsible for any damages caused by Renter or the Contract Purchaser and agrees to indemnify the CDD, its agents, Southaven Land Associates, LLC and Vesta Property Services from any and all liability for any injuries that Renter or Contract Purchaser may sustain in conjunction with the usage of the Amenity Facilities. In addition the Property Owner agrees to provide an Assignment of Amenity Privileges in the form acceptable to the CDD prior to issue of Key Cards by the CDD. 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 Property Owner _____ Date _____

OFFICE USE ONLY

 Date Received

 Date Entered in System

 Staff Member Signature

Replacement/Extra Card #: _____ Date: _____ Cash/Check #: _____ Staff Int.: _____
