

Rivington CDD Access Card Registration Form

RESIDENT INFORMATION: *Names (first and last name), designate ages for children under 18*

ADDRESS: _____

Owner Renter, Lease Expiration Date: _____

TELEPHONE: _____ **EMAIL:** _____

One (1) initial access card is free to all resident owners 18 years of age and older. Replacement card (for any reason) is \$25.00. Additional cards may be purchased for \$25.00, a maximum of two cards per household.

CREDENTIAL INFORMATION:

RFID/Card #: _____ **Additional/New Card Fee:** _____

Form of Payment Accepted: Money Order OR Cashier's Check, Payable to Rivington CDD

POOL GUIDELINES:

- ▶ Swimming is only permitted during the posted hours of operation.
- ▶ No night-time swimming!
- ▶ Children 15 years of age and younger must be under adult supervision to use the pool.
- ▶ Adult residents may bring a maximum of four (4) guests per family to the pool.

RULES:

- ▶ For a complete list of recreational facility rules, please refer to Rivington CDD Park and Recreation Facility Rules, available on the website at www.RivingtonCDD.org.

WAIVER: I understand the Rivington Community Development District ("District") assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any activities, sports, use of the pool, use of the community room, use of the playgrounds or other activities at any of the District's recreational facilities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness that may result from my participation in the activities. I hereby release and discharge the District, its agents, servants, and employees from any claims for injury, illness, death, loss, or damage that I may suffer as a result of my participation in these activities. I understand the District is not responsible for personal property lost or stolen while participating at the Rivington community room, pool, and other recreational facilities.

ACCEPTANCE: I acknowledge the waiver as set forth above and agree to its terms. I have read and will agree to abide by the Rivington CDD Park and Recreation Facility Rules. I also understand I am financially responsible for any damages caused by me, my family members, and/or our guests.

Signature of Adult Resident

Date