



HOMEOWNERS WHO HAVE CLOSED WITHIN THE PAST 60 DAYS SHOULD SUBMIT A COPY OF THEIR DEED WITH FORM.

**ALL RESIDENTS AND TENANTS MUST ABIDE BY THE RULES FOR THE AMENITIES AVAILABLE HERE:
WWW.RESERVEATSAGGRASS.COM/POOL**

HOMEOWNER INFORMATION

HOMEOWNER NAME: _____ LOT #: _____
 PROPERTY ADDRESS: _____
 MAILING/BILLING ADDRESS: _____
 EMAIL: _____
 CELL PHONE: _____
 OTHER PHONE: _____

TENANT INFORMATION (if different than owners)

TENANT NAME(S): _____
 PHONE: _____
 EMAIL: _____

NOTE: A COPY OF THE LEASE AGREEMENT MUST BE PROVIDED ALONG WITH A COMPLETED "TENANT CONTACT INFORMATION FORM" AVAILABLE HERE: WWW.RESERVEATSAGGRASS.COM/FORMS

WAIVER

I understand and agree to the following:

- Reserve at Sawgrass Homeowners Association, Inc. assumes no responsibility for injuries or illness that I may sustain as a result of participation in any activities, sports, use of the pool or other activities.
- 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 their participation in these activities.
- I hereby release and discharge Reserve at Sawgrass Homeowners Association, Inc., 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 that Reserve at Sawgrass Homeowners Association, Inc. are not responsible for personal property lost or stolen while participation at the pool and recreation facilities.
- I understand that there is no lifeguard on duty and that swimming is at my own risk.
- Lost fobs must be reported to Property Manager immediately, and replacement key fobs are \$20.
- All homeowners will be issued two key fobs at no charge at move-in.
- Myself and any resident occupants, tenants, and guests will abide by all of the Rules & Regulations for the pool and amenities.

Homeowner Signature: _____

Date: _____

Tenant Signature: _____

Date: _____

OFFICE USE ONLY - DO NOT WRITE IN THIS BOX

FOB 1 NUMBER: _____ DATE ISSUED: _____
 FOB 2 NUMBER: _____
 ID PRESENTED: _____
 APPROVED BY: _____

EMAIL TO: Orlando.Admin@fsresidential.com