Saddle Creek Preserve Community Development District

Amenities Access Registration Form

Name: _____
(Resident listed on proof of residency)

Residential Address: _____ **Lakeland** **FL** **33801**
(Within Saddle Creek Preserve CDD) *Street Address* *City* *State* *ZIP Code*

Mailing Address: _____
(If different from Residential) *Street Address* *City* *State* *ZIP Code*

Phone: _____ Email: _____

Additional Resident(s): _____
(Using the amenities) _____

ACCEPTANCE:

I acknowledge that the Access Card(s) will be received by 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 Facility Access Card. 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, 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: _____ Date: _____
(Parent or Guardian if a minor)

RECEIPT OF DISTRICT'S AMENITY POLICIES AND RATES:

I acknowledge that I have been provided a copy of and understand the terms and all policies, including the **Guest Policy**, in the **Amenity Policies and Rates** of the Saddle Creek Preserve Community Development District.

Signature: _____ Date: _____
(Parent or Guardian if a minor)

PLEASE EMAIL THIS FORM WITH YOUR PROOF OF RESIDENCY TO:
bjeskewich@vestapropertyservices.com

OR MAIL TO:
Saddle Creek Preserve CDD
Attn: Barry Jeskewich, Amenity Manager
250 International Parkway Suite 208
Lake Mary, FL 32746

FOR OFFICE USE ONLY:

Date Received: _____

Date Issued: _____

Card(s): _____

Lease Term End: _____
(For Renter(s) only)

ADDITIONAL INFORMATION REGARDING THE CDD: https://saddlecreekpreservecdd.com/

CONTACT THE AMENITY MANAGER: Barry Jeskewich
321-263-0132 ext. 398 / bjeskewich@vestapropertyservices.com