

# Tison's Landing Access Card Registration

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse (if applicable): \_\_\_\_\_

All Others Living at Residence:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Jacksonville, FL 32218

We use Constant Contact to send information on upcoming events, pool closures, etc. to our residents. Please add any emails you would like to receive notification.

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

By signing below, I am testifying that I am aware I can go to [TISONSLANDINGCDD.COM](http://TISONSLANDINGCDD.COM) and review all of the Amenity Center Policies, and I and my guests will abide by all policies. I acknowledge that failing to do so will result in loss of privileges and the ability to use all District facilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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CARD : \_\_\_\_\_ CARD : \_\_\_\_\_

CHECK ONE:      HOMEOWNER ☐      TENANT ☐      NON-RESIDENT MEMBER ☐

**ACCEPTANCE:**

I acknowledge the waiver as set forth below and agree to the terms. I agree to abide by the Policies Regarding District Amenity Facilities and the District's Rules of Procedure. I also understand that I am financially responsible for and damages caused by my family members, my guests and me and those damages resulting from the loss or theft of my Amenity Facility Access Card.

Signature of Patron: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER:**

I understand that the Tison's Landing Community Development District, and their Supervisors, officers, agents, consultants, and employees assume no responsibility for injuries or illness that me or my minor child(ren) may sustain as a result of their physical condition or resulting from their participation in any activities, sports, use of the pool. Use of exercise equipment, use of the playground or any other Amenity Facilities. I assume the risk for any and all injuries that may result from participation in these activities. I hereby release and discharge the Tison's Landing Community Development District, and their Supervisors, officers, agents, consultants, and employees from any claims of injury, illness, death, loss or damage that me or my minor child(ren) may suffer as a result of their participation in these activities. I understand that the Tison's Landing Community Development District are not responsible for personal property lost or stolen while participating in activities at the Amenity Center, pool, and recreational facilities.

Signature of Patron: \_\_\_\_\_ Date: \_\_\_\_\_

I have been provided two access cards to the Tison's Landing Community Development District Amenity Facilities. If these cards are lost or stolen, I am aware that there is a \$30.00 replacement fee. It is my responsibility to return cards to Amenity Staff when I no longer reside within the District.

Signature of Patron: \_\_\_\_\_ Date: \_\_\_\_\_

# Tison's Landing Gym Access Waiver

This waiver is for the access to the gym at Tison's Landing. It covers the rules and expectations of said gym and is not all inclusive. Please read below and initial each rule.

- Please wipe down machines after use.
- Please keep area clean and orderly at all times.
- No loud music or anything that would disturb other residents as they work out.
- Respect your neighbors
- Must be **16 years or older** to use fitness center unsupervised.
- **13-15-years old** must be accompanied by an adult.
- Anyone under **12 years old** not allowed.
- Please rerack free weights when you are finished using them.
- No more than **1 guest** at a time.

By signing below, I am testifying that I am aware I can go to [TISONSLANDINGCDD.COM](http://TISONSLANDINGCDD.COM) and review all of the Amenity Center Policies, and I and my guests will abide by all policies. I acknowledge that failing to do so will result in loss of privileges and the ability to use all District facilities.

Signature\_\_\_\_\_Date\_\_\_\_\_