

**VILLASOL COMMUNITY DEVELOPMENT DISTRICT**  
**Recreation Center Registration**

**NAME OF OWNERS AND ALL FAMILY MEMBERS:** \_\_\_\_\_

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**CLUBHOUSE ENTRY:**

**Clubhouse Card Number(s):** \_\_\_\_\_

Clubhouse cards are limited to two (2) per family and will be mailed to the new residents upon receipt of this signed form in our office. The cards may also be picked up in the District Office located at 313 Campus Street in Celebration, 407-566-1935.

**ACCEPTANCE:**

I acknowledge the waiver as set forth on the attached page and agree to its terms. I have also read and agree to abide by the recreation center guidelines and pool guidelines. I also understand that I am financially responsible for any damages caused by me, my family members or my guests.

\_\_\_\_\_  
Signature of Home Owner

\_\_\_\_\_  
Date

**RECREATION CENTER GUIDELINES:**

- > Fitness center is reserved for adult use or children ages 13 to 17 with adult supervision.
- > Recreation center hours: Monday-Sunday from 6:00 a.m. to 9:00 p.m.

**POOL GUIDELINES:**

- > Pool hours: Monday-Sunday from dawn to dusk.
- > For a complete list of pool rules, please refer to the policies and procedures for the recreation center.

**WAIVER:**

I understand that the VillaSol Community Development 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 exercise equipment, use of the playground 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 my participation in the activities. I hereby release and discharge the VillaSol Community 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 that VillaSol Community Development District is not responsible for personal property lost or stolen while participating at the VillaSol Recreation Center, pool and recreational facilities.

\_\_\_\_\_  
Signature of Home Owner Adult Participant

\_\_\_\_\_  
Date

**VILLASOL COMMUNITY DEVELOPMENT**  
**Recreation Center Facility**

**Parental Release of Liability**  
**For Fitness Center Use of Minors**

**NAME OF MINOR(S) USING FITNESS FACILITY:**

\_\_\_\_\_  
\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME TELEPHONE #:** \_\_\_\_\_

**EMERGENCY CONTACT #:** \_\_\_\_\_  
(Parent or Guardian's work or cell phone numbers)

**ACCEPTANCE:**

I acknowledge the waiver as set forth below and I agree to its terms. I have also read and agree to abide by the recreation center guidelines and pool guidelines. I also understand that I am financially responsible for any damages caused by me or my family members.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**WAIVER:**

I understand that the VillaSol Community Development District assumes no responsibility for injuries or illness that my minor child(ren) may sustain as a result of my physical condition or resulting from my participation in any activities, sports, use of the pool, use of exercise equipment, use of the playground 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 my participation in the activities. I hereby release and discharge the VillaSol Community Development District, its agents, servants and employees from any claims for injury, illness, death, loss or damage that my minor child(ren) may suffer as a result of my participation in these activities. I understand that VillaSol Community Development District is not responsible for personal property lost or stolen while participating at the VillaSol Recreation Center, pool and recreational facilities.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date