

TENANT- Adult 16 & Up



FIP - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME OF RESIDENT: \_\_\_\_\_

NEIGHBORHOOD: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_

EMAIL(optional): \_\_\_\_\_

**ACCEPTANCE:**

I acknowledge receipt of the FIP Photo ID card identified below. I further acknowledge the waiver as set forth below and agree to its terms. I have also read and agree to abide by the policies regarding District amenity facilities. I also understand that I am financially responsible for any damages caused by me, my family members or guests and those damages resulting from the loss or theft of my FIP Photo ID cards. I understand that there is a fifteen dollar (\$15.00) replacement card fee for lost or deactivated cards.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Tenant** **Date**

**WAIVER:**

I understand that the Fleming Island Plantation Community Development District, and its agents, supervisors, officers, directors, employees and staff assume 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 at any District recreational facilities, including but not limited to, use of the pools and associated facilities, use of exercise equipment, use of playground equipment 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 these activities. I hereby release and discharge the Fleming Island Plantation Community Development District, and its agents, supervisors, officers, directors, employees and staff 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 Fleming Island Plantation Community Development District is not responsible for personal property lost or stolen while participating at the Fleming Island Plantation Community Development District recreational facilities.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Tenant** **Date**

**OFFICE USE ONLY**

PAID \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Staff Initial** **Date** **ID Card Number**