

Independence Community Association, Inc
C/O The Continental Group
14213 Pleach Street, Winter Garden, FL 34787
Phone: 407-654-7479 Email: kmorant@tcgmgt.com

Pleach Street & Avenue of the Groves Club Houses/ Pools/ Fitness Centre's Key Card Application

Please submit application with a copy of your HUD statement and a photo ID. All new homeowners will receive two key cards.

HOMEOWNER INFORMATION:

First Name(s): _____ Last Name(s): _____

Property Address: _____

Mailing Address (if different): _____

Phone No: _____ Email Address: _____

CARDHOLDER/TENNANT INFORMATION (If Different From Homeowner):

First Name(s): _____ Last Name(s): _____

Phone No: _____ Email Address _____

Relationship to Homeowner: _____ Date of Birth: _____

(If the cardholder is renting the subject property, a copy of the lease agreement must be provided)

ACCEPTANCE:

I agree that I have read the Club House & Pool Rules and Regulations and will abide by these rules and I understand that I am responsible for the actions of any of my guests or tenants using these facilities. I understand that failure to follow the rules may result in my security card being revoked. I further understand that I am liable for any damages caused by myself, my guests or tenants while using the clubhouse or pool facilities. There will be a charge of \$25 for each card lost, stolen or for extra pool cards.

Signature of Homeowner

Date

WAIVER:

I understand that Independence Community 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 Independence Community 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 Independence Community 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 life guard on duty and that swimming is at my own risk.

Signature of Homeowner

Date

Signature of Cardholder/Tennant

Date

FOR OFFICE USE ONLY:

Card Number: _____

Card Number: _____ Date Issued: _____

ID Presented: _____ Approved By: _____