

NEW RESIDENT REGISTRATION PACKET

Includes:

- 1 Resident Registration Form
- 1 Age Qualification Statement
- 2 Informed Consent Forms

Note the below information is required as noted. Activity cards will not be issued until this information is received:

** Additional Household Members Require the Homeowners' signature on the Resident Registration Form(s)

*** Tenants Require the Homeowners' signature on the Resident Registration Form(s), Age Qualification Statement, Informed Consent, and a copy of the fully executed lease (the leasing agent cannot sign on behalf of their client/ Homeowner(s))

Turn In to the Activities Director to obtain Activity Card.

**FALLS RUN COMMUNITY ASSOCIATION
Resident Registration Form**

If updating account/ directory information be sure to list both residents if more than one should reside at the property and the changes to be made. Please include a non-resident emergency contact(s) information so we can be sure to have the most accurate information available.

For replacement cards only the resident requesting the new card needs to be listed. Please include a non-resident emergency contact(s) information so we can be sure to have the most accurate information available.

Type of Resident (Circle one): H o m e o w n e r T e n a n t H o u s e h o l d M e m b e r

Activity Card Type (Check One): New Resident Information/ Directory Update Replacement Card

Property Address: _____

Mailing Address (if different than above): _____

Consent to Publish Your Information Please **Initial** for information you **wish** to have **published** in the printed directory or on the Falls Run Website. If you **do not initial anything**, only your street address and name will be published.

| | | | |
|---|--|--|--|
| <p><u>Please Print</u> Resident 1 Last Name: _____ First Name: _____ Home #: _____ Cell #: _____ Email: _____ Activity Card # _____</p> | <p>Initial Publish</p> | <p>Resident 2 Last Name: _____ First Name: _____ Home #: _____ Cell #: _____ Email: _____ Activity Card # _____</p> | <p>Initial Publish</p> |
|---|--|--|--|

Non-Resident Emergency Contact Information (not for publication):

Name: _____

Name: _____

Home Phone Number: _____

Home Phone Number: _____

Other Phone Number: _____

Other Phone Number: _____

Relationship: _____

Relationship: _____

FRCA Website: www.fallsrun.org

Resident 1:

FRCA Website Members Area Login (Homeowner or Resident): _____
(Any combination of letters or numbers, case sensitive)

FRCA Website Requested Password: _____
(Any combination of letters or numbers, case sensitive)

Resident 2:

FRCA Website Members Area Login (Homeowner or Resident): _____
(Any combination of letters or numbers, case sensitive)

FRCA Website Requested Password: _____
(Any combination of letters or numbers, case sensitive)

Resident(s) Signature(s) **Date**
If the resident is **not an owner**, an owner signature is required to process this registration.

Homeowner(s) Signature(s) **Date**
(Required for tenants and Additional Household Members)

******* Activity Cards cannot be issued without the Homeowners signature. *******

Falls Run Community Association

Age Qualification Statement

I hereby declare that my motive, purpose and intent in purchasing _____ (address of Dwelling Unit) in the Falls Run Community Association (FRCA) is that the Dwelling Unit is to be used and occupied by myself or other persons who meet the minimum age requirements of the Association.

I am aware of the age qualification policy of FRCA requiring at least one (1) residing occupant to be of Age Qualification (term defined in the Amended Covenants, Conditions and Restrictions for FRCA) and that there will be no children under the age of nineteen (19) year of age in residence at the Dwelling Unit. Further, I understand that children under nineteen (19) years of age may visit the Dwelling Unit for no longer than ninety (90) days in any consecutive twelve (12) month period and I hereby acknowledge that when I resell my Dwelling Unit, one (1) occupant must be fifty-five (55) year of age or older.

In order to comply with federal laws and regulations, and maintain FRCA's status as an age restricted community, the Association must obtain the following information to document the age demographics of the community.

The Owner must attach a copy of one of the following documents, which includes a date of birth for the resident who is fifty-five (55) years of age or older (check applicable document as attached):

- Driver's license
- Birth certificate
- Passport
- Immigration card
- Military identification

Criteria for additional household members:

1. The homeowner hereby certifies that any additional household members are age qualified occupants as defined in section 1.33 of the Amended Declaration of Covenants, Conditions and Restrictions.
2. An age qualified resident may be any person 19 years of age or older occupying a Dwelling Unit with an age qualified resident (55 or older).
3. Any person under 19 years of age is not a qualified resident and shall not be entitled to any rights or privileges granted to a Resident.
4. No person under 19 years of age shall stay overnight in any Dwelling Unit for more than ninety (90) days in a consecutive twelve (12) month period.

Printed Name of Qualified Resident Date of Birth

Signature of Qualified Resident Date of Signature

Other Persons residing at this address (optional):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Falls Run Community Association
Resident Informed Consent, Release and Waiver Agreement
(One form per resident please/Additional copies may be obtained from concierge)

Before using the Falls Run Community Association's Center facilities, the Board of Directors requests that you read and sign the following Informed Consent Agreement.

I, _____, declare that I intend to use some or all of the facilities offered by the Falls Run Community Association, Inc. (the Association), including but not limited to, the fitness center, swimming pools, tennis courts, bocce ball court, meeting rooms and to participate in events sponsored from time to time by The Center. All of these activities and programs are collectively referred to as the facilities. In consideration for being allowed to use the facilities and participate in the events (collectively, the activities), I declare as follows:

1. I understand that each individual (myself included) has a different capacity for participating in such activities and programs. I assume full responsibility during and after my participation for my choices to use or apply, at my own risk, any portions of the information or instruction I receive. I have read and agree to comply with the written rules and regulations for use of the facilities.
2. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental or emotional) and to the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity or program at The Center brings with it my assumption of those risks or results stemming from this choice, and the fitness, health, awareness, care and skill that I possess and use.
3. I understand that participating in the activities may involve risk, including economic loss, effects on health, disabilities or death, and I willfully and voluntarily assume those risks.
4. I accept personal responsibility to always act in a safe manner and to abide by the rules and regulations of The Center whenever I participate in these activities. I agree to immediately inform a representative of The Center, and to stop participating in the activities, if I observe an unsafe condition or broken equipment, or if I experience any pain, discomfort or other symptoms that I may suffer during or after participating in the activities. I understand that I may stop or delay my participation in any activity or program if I so desire and that I may also be requested to stop and rest by a Center employee who observes any symptoms of distress or abnormal response, and I agree to comply with such directions.
5. I understand that I am responsibly for obtaining appropriate insurance coverage when participating in the activities and that the Association will not provide to me any insurance coverage.

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6. I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity of other illness that would prevent my participation in any of the activities and programs of the facilities, or use of equipment of machinery. I understand that I have been strongly advised to obtain my doctor's approval before participating in the activities, especially any exercise, aerobic or fitness activity. I also acknowledge that I have been strongly advised to obtain yearly or more frequent physical examinations and to review with my doctor the activities that are best suited to me. I understand that my decision to participate in the activities is voluntary. The Association does not have the resources to review, and is not responsible for reviewing my decision to participate in the activities. I acknowledge that I have either had a physical examination and been given my physician's approval to participate in the activities, or I have elected to participate in the activities without the approval of my doctor and hereby assume all risk and responsibility for my participation in the activities.

7. By signing this document, I acknowledge that I have voluntarily chosen to participate in the activities. I assume all risk for my health and, on behalf of myself, my heirs, beneficiaries, dependents and personal representatives, release and hold harmless the Association and its respective directors, officers, employees and agents from any responsibilities, liabilities, damages or claims related to my participation in the activities.

8. I declare that the terms of this Informed Consent Agreement have been completely read and are, fully understood by me and that if desired I have had the opportunity to consult with an attorney prior to executing it. I am freely and voluntarily executing this Informed Consent, Release and Waiver for the purpose of making a full and final compromise and settlement of any and all claims, disputed or otherwise, related to the facilities and programs described above.

9. I acknowledge that I have received the Community Center Rules and Regulations (Administrative Resolution 13-03) and will abide by the same.

Signature of Resident Date

Printed Name of Resident

Falls Run Community Association
Resident Informed Consent, Release and Waiver Agreement
(One form per resident please/Additional copies may be obtained from concierge)

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1. I understand that each individual (myself included) has a different capacity for participating in such activities and programs. I assume full responsibility during and after my participation for my choices to use or apply, at my own risk, any portions of the information or instruction I receive. I have read and agree to comply with the written rules and regulations for use of the facilities.
2. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental or emotional) and to the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity or program at The Center brings with it my assumption of those risks or results stemming from this choice, and the fitness, health, awareness, care and skill that I possess and use.
3. I understand that participating in the activities may involve risk, including economic loss, effects on health, disabilities or death, and I willfully and voluntarily assume those risks.
4. I accept personal responsibility to always act in a safe manner and to abide by the rules and regulations of The Center whenever I participate in these activities. I agree to immediately inform a representative of The Center, and to stop participating in the activities, if I observe an unsafe condition or broken equipment, or if I experience any pain, discomfort or other symptoms that I may suffer during or after participating in the activities. I understand that I may stop or delay my participation in any activity or program if I so desire and that I may also be requested to stop and rest by a Center employee who observes any symptoms of distress or abnormal response, and I agree to comply with such directions.
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9. I acknowledge that I have received the Community Center Rules and Regulations (Administrative Resolution 13-03) and will abide by the same.

Signature of Resident

Date

Printed Name of Resident