Remington Community Development District

Renter Amenities Access Registration Form

Renter's Name: _____
(Resident listed on lease agreement)

Residential Address: _____ **Kissimmee** **FL** **34744**
(Within Remington CDD) *Street Address* *City* *State* *ZIP Code*

Mailing Address: _____
(If different from Residential) *Street Address* *City* *State* *ZIP Code*

Phone: _____ Email: _____

Additional Resident(s): _____
(Using the amenities) _____

***GATE ENTRY BARCODE LABEL(S):** _____ *(Number desired)*

***EXISTING TO KEEP ACTIVE:** _____ _____
(Please indicate which barcode label number(s), if any, should remain active for your household)

*All **barcode labels**, including replacements needed for any reason, are ten dollars ($10) each and limited to two (2) per household.

****RECREATION CENTER ACCESS CARD(S):** _____ *(Number desired)*

All **access cards, including replacements needed for any reason, are ten dollars ($10) each and limited to two (2) per household.

WAIVER:

I understand that the Remington 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 exercise 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 Remington Community Development 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 Remington Community Development District is not responsible for personal property lost or stolen while participating at the Remington Recreation Center, pool and sport facilities. I acknowledge and agree to these terms.

Signature: _____ Date: _____
(Parent or Guardian if a minor)

RECEIPT OF DISTRICT'S AMENITY POLICIES AND RATES:

I acknowledge that I have been provided a copy of and understand the terms and all policies, including the **Guest Policy**, in the **Amenity Policies and Rates** of the Remington Community Development District.

Signature: _____ Date: _____
(Parent or Guardian if a minor)

PLEASE MAIL THIS FORM, ***PAYMENT, AND A COPY OF THE PAGE(S) OF YOUR LEASE AGREEMENT THAT INCLUDE YOUR NAME, ADDRESS, AND LEASE TERM TO:

Remington CDD
Attn: Amenity Access
219 E Livingston St
Orlando, FL 32801

*****Payments must be in the form of a cashier's check made payable to "Remington CDD" to be accepted.**

ADDITIONAL INFORMATION REGARDING THE CDD: https://remingtoncdd.com/

CONTACT OUR OFFICE: Phone: (689) 500-4540 / Email: amenityaccess@gmscfl.com

TO REPORT AMENITY POLICY VIOLATIONS: Phone: (321) 248-2141

GATEHOUSE SECURITY (STREET PARKING REQUESTS): Partin Settlement Phone: (407) 847-6825 / Lakeshore Phone: (407) 343-6218

FOR OFFICE USE ONLY:

Assigned Barcode Label(s): _____
Assigned Access Card(s): _____

Date Form Received: _____
Date Item(s) Issued: _____
Lease Term End: _____