CAMBRIDGE LAKES COMMUNITY ASSOCIATION

GUEST FORM

Date:		**Check-In:**	AM / PM
Purpose:	Pool Gym Workout Room Fitness Class Other:		

RESIDENT INFORMATION

Resident Name:		**Address:**	
Resident Signature:		**Staff Initials:**	

GUEST INFORMATION & FEES

Guests 1-2: NO CHARGE | Guests 3-4: $10 EACH | Guests age 16+ must sign below. Guests under 16 must be listed but do not sign.

Guest	Printed Name	Age	Signature (16+ only)	Fee
1				FREE
2				FREE
3				$10
4				$10
5*				$10
6*				$10

Households wishing to bring more than four (4) guests must obtain prior authorization from the Community Manager.

ACKNOWLEDGEMENT, RELEASE & RESPONSIBILITY

NOTICE: Do not sign before reading. By signing this form, the resident and each signing guest acknowledge that use of Cambridge Lakes Community Association facilities, equipment, amenities, programs and swimming pools involves inherent risks of injury or property loss. Each signer voluntarily assumes those risks, agrees to follow all applicable Association rules and regulations, and waives and releases claims against Cambridge Lakes Community Association, DRH Cambridge Homes, Inc. L.L.C., Foster/Premier, Inc., and their respective officers, directors, agents, employees, affiliates, partners, successors and assigns, to the fullest extent permitted by law. The resident is responsible for the actions and conduct of all guests, including guests under age 16.

Resident Signature: _____

SIGN-OUT

Resident Signature:		**Check-Out:**	AM / PM
Staff Initials:		**IDs Returned:**	

Resident signature at sign-out acknowledges checkout, receipt of any held IDs, and intention to immediately exit the premises.