

Heritage Family ID Application

(rev. 11/2017)

Date of Application _____

Owner: _____
Lessee: _____

PLEASE PRINT USING BLOCK LETTERS AND NUMBERS IN ALL SPACES

Adult #1 _____
First Middle Last

Adult #2 _____
First Middle Last

Address: _____ Fort Worth, TX 76244
Street Number Street Drive / Avenue, etc.

Home Phone _____ **Adult #1 Cell** _____

Work Phone _____ **Adult #2 Cell** _____

Other Emergency Contact Numbers _____

Email address: Adult #1 _____

Adult #2 _____

OTHER ADULTS (18 and older) LIVING AT THIS HERITAGE ADDRESS

1. _____ 2. _____

3. _____ 4. _____

ID ____ ____

ID ____ ____

TEENS (13 – 17) LIVING AT THIS HERITAGE ADDRESS (APPLYING FOR TEEN CARD)

1. _____ age _____ 2. _____ age _____

3. _____ age _____ 4. _____ age _____

ID ____ ____

ID ____ ____

MINORS (under 13) LIVING AT THIS HERITAGE ADDRESS (NOT APPLYING FOR TEEN CARD)

1. _____ age _____ 2. _____ age _____

3. _____ age _____ 4. _____ age _____

ID ____ ____

ID ____ ____

CAREGIVERS (NOT HERITAGE RESIDENTS AND APPLYING FOR CAREGIVER CARD)

1. _____ 2. _____

ID ____ ____

Heritage Weekly E-Newsletter Opt In ~ No _____ Yes _____ Email Address _____

Email Address _____

Club Card Use
Acknowledgement
(reverse side)
signed

Heritage Text Notification Opt In ~ No _____ Yes _____ Phone# _____

Phone# _____

OFFICE USE ONLY

Original Cards Made:

Adult _____ Minor _____ Teen _____ Caregiver _____ TOTAL #CARDS _____

Adult \$ _____ Minor \$ _____ Teen \$ _____ Caregiver \$ _____ TOTAL Charge \$ _____

Payment made: Check or Money Order # _____ Card Type _____

Approved by:

Mgmt. Employee
Initials

Heritage Homeowners Association, Inc.
CLUB CARD USE AND ACKNOWLEDGEMENT OF RISK

Initials

rev. Nov 2017

As a member in good standing of the Heritage Homeowners Association (HHA), I understand I am entitled to full use of the Heritage Clubhouse and amenities, including the Fitness Area facilities, Tennis and Basketball Courts, Pools, and Spray Park. Management reserves the right to discontinue my use if my account is not in good standing, if I have an outstanding balance due on my Homeowners account, or if I am subject to a disciplinary Club Card deactivation. I will be provided an Access Card to be used to enter the Heritage Fitness Area, Tennis and Basketball courts, Spray Park and Pools. Access cards may be seized or deactivated by the HHA for failure to pay dues or for inappropriate conduct by any family member or guest while using the facility. Lost or stolen cards must be reported to HHA management at 817-741-1912 immediately. Replacement cards may be purchased at a cost of \$20 each for each card.

I do hereby waive, release, and forever discharge HHA, Hillwood Residential, PCMC Inc. dba , FirstService Residential Management Company and their parents, subsidiaries, directors, officers, agents, employees, representatives, contractors, executors, successors and assigns and all others acting on their behalf (all of whom are hereafter included in the term "HHA") from any and all claims, losses, responsibilities or liabilities for injuries or damages ("Liability") resulting from, or arising out of, my participation in any activities or my use of said facilities, equipment or machinery, including without limitation, exercise facilities and equipment, the Heritage Clubhouse, Fitness Area, Tennis and Basketball Courts, Pools, Spray Park, play grounds, sports fields, pocket parks, and any other common area maintained by HHA. I further agree to indemnify and hold harmless HHA from any Liability asserted by a third party or other occupant using the facilities or equipment as my guest. The release and indemnity provided above shall include matters caused by or arising out of the negligent acts or omissions of HHA.

I understand and am aware that strength, flexibility and aerobic exercise, including the use of exercise equipment and machinery is a potentially injurious and potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the danger involved. I hereby agree to expressly assume and accept any and all risks of injury and death. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent any participation in any of the activities and programs of the HHA, including the Fitness Area, Pools, Tennis or Basketball courts, Spray Park, or use of equipment or machinery except hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for any participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician's permission to participate, and do hereby assume all risk and responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

I hereby acknowledge that the Heritage Fitness Area, Tennis and Basketball Courts and Spray Park are not always staffed and that there are times when a representative of the HHA may not be present. I understand that I and those with me swim at the pool and use the other facilities at my/our own risk (whether or not the pool or other facilities are staffed by HHA at the time of my/our use), and agree that the release and indemnity provided above shall not be affected by staffing or lack of staffing at the time of use. I hereby agree to abide by any and all rules of the Heritage Clubhouse, its Fitness Area, Tennis and Basketball Courts, Spray Park and Pools that currently exist or may be promulgated by HHA in the future. Said rules will dictate behavior, hours of operation, attire, use of the facility and equipment and guests. Failure to abide by the rules of the Heritage Homeowners Association is grounds for seizing or deactivating my Access Card.

I hereby acknowledge that the Heritage facilities are under video surveillance twenty-four (24) hours per day, seven (7) days per week. I hereby agree to be responsible for the behavior of and liable for any damage caused by me, members of my family and household, and any guests authorized by me to use the HHA amenities. All guests shall be accompanied by a resident at all times. No person under the age of fifteen will be permitted in the Fitness Area. Youth ages 15-17 may use the Fitness Area if accompanied and supervised the entire time by their parent or guardian. Children below age 15 will not be permitted in the Fitness Area at any time.

I authorize HHA and all others acting on their behalf permission to contact me regarding any Association business at the email address provided on the Amenity Card Application. I understand that using Heritage amenities is a privilege for residents. Our family agrees to follow the Heritage rules and cooperate with all Lifeguards, gate guards, and Property Management staff. We agree that our family is responsible for the behavior and actions of each family member and their guests, if present. We understand that if a Heritage resident leaves an HOA amenity, his/her guests must also leave the facility. We have signed a Club Card Use & Acknowledgement of Risk. We also understand that the minimum age for a youth to use the Fitness Area is 15, and that children age 15 - 17 may only be present there when they are fully supervised by their parent or legal guardian. No guests or children under the age of 15 are allowed in the fitness area at any time. No children under the age of 13 are allowed in the Pool areas at any time unless they are accompanied by an adult. I agree to provide updated contact information to the HHA as needed.

Adult #1 Name (Print) _____

Adult #1 Signature _____

Date _____

Adult #2 Name (Print) _____

Adult #2 Signature _____

Date _____

TEEN CARD DISCLOSURE:

OPT IN: Adult Signature _____

By applying for a Teen Card, we understand that using Heritage amenities without parental supervision is a privilege for resident minors. Our family agrees to follow the Heritage rules and cooperate with all Lifeguards, Security guards and Property Management staff. We agree that our family is responsible for the behavior and actions of our youths while on Heritage property. We agree to have our youths leave his/her card at the gate while in the pool area. **TEENS WITH THIS PRIVILEGE CARD MAY NOT BRING GUESTS OR MINOR CHILDREN TO THE POOL.**

**Teen #1 Name (Print) _____

Teen #1 Signature _____

Date _____

**Teen #2 Name (Print) _____

Teen #2 Signature _____

Date _____

**Teen #3 Name (Print) _____

Teen #3 Signature _____

Date _____

**Teen #4 Name (Print) _____

Teen #4 Signature _____

Date _____

CAREGIVER CARD DISCLOSURE:

OPT IN: Adult Signature _____

The caregiver listed on this form will not be allowed to use the pool or amenities except when accompanying the children listed on this form. The Caregiver must present the Amenity Card and Guest Pass to enter the pool. The homeowner will be held responsible for the actions of the caregiver anytime the caregiver is at the pool, amenities, clubhouse or any of the other common areas of Heritage. Any violations, fines or damages caused by the caregiver will be assessed to the homeowner. I do hereby waive, release, and forever discharge HHA, Hillwood Residential, FirstService Residential Management Company, and their parents, subsidiaries, directors, officers, agents, employees, representatives, contractors, executors, successors, and assigns and all others acting on their behalf from any and all responsibilities or liabilities for injuries or damages resulting from my participation in use of the facilities or arising out of my participation in any activities at said facilities. I hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to me, including those caused by negligent act or omissions of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities. I hereby agree to be responsible for the behavior and liable for any damage caused by me, members of my family and household, and any guests authorized by me to use the HHA amenities.

***Caregiver #1 Name (Print) _____

Caregiver #1 Signature _____

Date _____

***Caregiver #2 Name (Print) _____

Caregiver #2 Signature _____

Date _____