

**DAVENPORT ROAD SOUTH COMMUNITY DEVELOPMENT DISTRICT  
AND  
HIGHLAND MEADOWS WEST COMMUNITY DEVELOPMENT DISTRICT**

**Amenity Facilities Access Card/Fob Registration Form**

NAME: \_\_\_\_\_ DOB IF UNDER 18: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**ACCEPTANCE:**

I acknowledge receipt of one (1) Facility Access Card and that the above information is true and correct. I understand that I have willingly provided all the information requested above and that it may be used by the District for various purposes. **I also understand that by providing this information that it may be accessed under public records laws.** I also understand that I am financially responsible for any damages caused by me, my family members or my guests and the damages resulting from the loss or theft of my Facility Access Card. It is understood that Facility Access Cards are the property of the District and are non-transferable except in accordance with the District's rules, policies and/or regulations. In consideration for the admittance of the above listed persons and their guests into the facilities owned and operated by the District, I agree to hold harmless and release the District, its agents, officers and employees from any and all liability for any injuries that might occur in conjunction with the use of any of the District's amenity facilities (including but not limited to: swimming pools, playground equipment, other facilities), as well while on the District's property. Nothing herein shall be considered as a waiver of the District's sovereign immunity or limits of liability beyond any statutory limited waiver of immunity or limits of liability which may have been adopted by the Florida Legislature in Section 768.28 Florida Statutes or other statute.

\_\_\_\_\_  
Signature of Patron  
(Parent or Legal Guardian if minor)

\_\_\_\_\_  
Date

**RECEIPT OF DISTRICT RULES & RATES:**

I acknowledge that I have been provided and understand the terms in the **Amenity Facility Policies**.

\_\_\_\_\_  
Signature of Patron  
(Parent or Legal Guardian if minor)

\_\_\_\_\_  
Date

**GUEST POLICY:**

Please refer to the **Amenity Facility Policies** for the most current policies regarding guests.

**PLEASE RETURN THIS FORM TO:**

Davenport Road South Community Development District  
Attn: Stephanie Louis  
219 E. Livingston St.  
Orlando, Florida 32801  
Telephone: (407) 841-5524  
Email: amenityaccess@gmscfl.com

OFFICE USE ONLY

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Entered in System

\_\_\_\_\_  
Staff Member Signature

Facility Access Card/Fob Number:  
\_\_\_\_\_

New Construction: \_\_\_\_\_

Re-Sale: \_\_\_\_\_

Prior Owner: \_\_\_\_\_

Rental: \_\_\_\_\_

Landlord/ Owner: \_\_\_\_\_

Lease Term: \_\_\_\_\_

Non- Homeowner: \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Replacement Card/Fob #: \_\_\_\_\_

Date: \_\_\_\_\_

Cash/Check #: \_\_\_\_\_

Staff Int.: \_\_\_\_\_