

FOUR SEASONS LAKESITES POA, INC.
FITNESS CENTER MEMBERSHIP FORM - 2025

\$65 ANNUAL MEMBERSHIP FEE (January-December NON-REFUNDABLE)

NAME: _____

LOT/SUB: _____

MAILING ADD: _____

CITY/ST/ZIP: _____

PHONE: _____

EMAIL: _____

POA CARD #: _____

ACCT#: _____

I/we, the undersigned do hereby acknowledge our understanding that the fitness center is monitored and that any damage, to any equipment or amenities contained within the facility, documented to have been caused by me/us, or any person utilizing my/our owners cards, may result in the suspension or revocation of my/our privileges to utilize this facility and, further, the repair or replacement costs of such damage or destruction may be assessed to me/us and become an assessment against my/our property. I acknowledge that the activities that I may undertake are dangerous, and that I am exposed to physical injury. I assume all risk of and responsibility for any injury or death resulting from my participation.

I/we, the undersigned, do hereby acknowledge that, by our signature(s) below, we indemnify the Four Seasons Lakesites Property Owners Association, Inc., all agents, representatives or third party individuals from responsibility as a result of misuse, abuse or improper operation of any exercise equipment for which this registration form is hereby submitted.

Property Owner Signature

Date

FOR OFFICE USE ONLY

Fees Paid _____ Date _____ Check# _____ Rcv'd by _____