



# **HERITAGE BAY GOLF & COUNTRY CLUB**

## **MEMBER QUESTIONNAIRE**

PRIMARY MEMBER'S NAME: \_\_\_\_\_

SECONDARY MEMBER'S NAME: \_\_\_\_\_

MEMBER NUMBER: \_\_\_\_\_

DEPENDENT CHILDREN UNDER 21 YEARS OF AGE:

**NAME**

**DATE OF BIRTH**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HERITAGE BAY STREET ADDRESS: \_\_\_\_\_

UNIT # \_\_\_\_\_ COMMUNITY/BUILDING # \_\_\_\_\_

HOME PHONE # (239) \_\_\_\_\_

PRIMARY'S CELL # \_\_\_\_\_ SECONDARY'S CELL # \_\_\_\_\_

PRIMARY'S EMAIL ADDRESS: \_\_\_\_\_

PRIMARY'S CONSENT TO RECEIVE ELECTRONIC NOTICE (Initial Here): \_\_\_\_\_

SECONDARY'S EMAIL ADDRESS: \_\_\_\_\_

RESIDENCY AT HERITAGE BAY: Full Time  Seasonal  Vacation

PREFERRED BILLING/MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_

# **HERITAGE BAY GOLF & COUNTRY CLUB**

## **RULES & REGULATIONS AGREEMENT**

I, \_\_\_\_\_, have received a copy of the Heritage Bay Rules and Regulations and I agree to abide by them as outlined.

If at any time the Club management team requests that I or my guest, refrain from activity that is thought to be disruptive or in violation of the rules, I agree to abide by that request. If I fail to abide by the request of the management team, I understand that I could be fined or have privileges suspended.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**HERITAGE BAY GOLF & COUNTRY CLUB**  
**MEMBER ACCESS CARD**

MEMBER NAME: \_\_\_\_\_

HERITAGE BAY ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

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

Access Card # issued: \_\_\_\_\_

Access Cards access the fitness center (5:00 a.m. until 10:00 p.m.) and turn on the lights to the tennis courts (in 5 minutes increments until 8:00 p.m.).

Children under the age of 16 years **WILL NOT BE PERMITTED IN THE FITNESS CENTER AT ANYTIME.**

16 – 18 years of age will be permitted **WITH SUPERVISION** to use the amenities.

Young adults over 18 years of age can receive an Access Card with the approval of their parents.

Name _____	Access Card # _____
DOB _____	Relation to owner _____
Name _____	Access Card # _____
DOB _____	Relation to owner _____

I acknowledge that if I permit someone other than myself to use my access card or let someone have access to the amenities that are not approved on their card, it could result in my own privileges being revoked.

I understand that I am responsible for the actions of any guests that accompany me when they use the amenities.

I understand that there is a \$25.00 replacement fee for any lost or damaged Member Access Card.

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

PLEASE NOTE: IT COULD TAKE UP TO 48 HOURS FOR THE MEMBER ACCESS CARDS TO BE ACTIVATED.

# HERITAGE BAY FITNESS/ACTIVITIES WAIVER

## Waiver and Release of Liability for All Claims

All residents and guest(s) who participate in fitness activities, or any other activity or event held on these premises, will be doing so at their own risk and on a volunteer basis. Residents (or guests) are encouraged to consult a physician prior to participating in fitness activities.

In consideration of being allowed to participate in any way in the Heritage Bay athletic/sports program, and related activities, the undersigned:

1. Agrees as a participant or parent/legal guardian of \_\_\_\_\_, a minor, to report any condition prior to beginning activity that might be affected by participating in the intended activity.
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of injury that might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assumes all foregoing risk and accepts personal responsibility for the damages following such injury, permanent disability or death.
4. Releases, waives, discharges, and covenants not to sue Heritage Bay Master Association, its affiliates, their respective administrators, directors, staff, instructors and other employees of the organization, other participants, sponsor, and if applicable, lessees from any and all claims, demands, losses or damage on account of my injury, disability, death of property damage and the injury, death or property damage sustained by the minor named above, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
5. Participant(s) agree to indemnify the Releases and each of them from any loss, liability, damage, or cost, including attorney's fees, that Releases may incur as a result of the participation by the Participant(s) or the minor child or children named in the Release of All Claims in any fitness activity or other activities or events held on the premises of Heritage Bay Master Association, whether such loss, liability or damage is caused by the negligence of Releases or otherwise.

_____ Participant #1 Signature	_____ Date	_____ Participant#2 Signature	_____ Date
_____ PRINTED NAME		_____ PRINTED NAME	
ADDRESS: _____		PHONE: _____	