

CARROLLWOOD RECREATION DISTRICT (CRD)
DECLARATION OF RESIDENCY
FOR BOAT DECALS, FOBS, AND KEYS

As a resident of Original Carrollwood who complies with the rules and regulations implemented by the Carrollwood Recreation District, I may purchase boat decals, fobs (remote keyless entry devices) for White Sands Beach, and keys for Original Carrollwood parks, tennis courts, bathrooms, and boat ramp ("Facilities").

If I sell or lease my Property, I will return my keys and fobs to the CRD office (3515 McFarland Road), and the new owner or tenant may purchase boat decals, beach fobs, and keys. If I fail to return keys and fobs upon selling or leasing Property (or at the request of the District), I will be responsible for expenses resulting from such failure, including but not limited to the District's attorneys' fees and costs. Furthermore, I understand that unauthorized use of Facilities may violate applicable laws and may result in charges (including trespassing) by local law enforcement.

I agree to assume all risks associated with use of Facilities, which extends to my family, guests, and invitees regarding access and use of Facilities. I also acknowledge that the District is not responsible for any damage to or theft of any property of mine, my family, guests, or invitees and agree for me, my family, guests, invitees (and their respective heirs, successors, and assignees) to indemnify, release, defend, and hold the District harmless (including its directors, officers, trustees, agents, and employees) from any and all claims, damages, losses, and expenses, whether in contract or in tort, including without limitation attorneys' fees and costs arising out of or resulting from the access and use of Facilities or the acts or omissions of myself, my family, guests, or invitees (including anyone for whom they may be responsible).

I understand and agree to abide by these terms herein.

Property Address: _____

Fob Number(s): _____ Owner, Renter, or Landlord? _____

Resident Signature: _____ Date: _____

Printed Name of Resident: _____

Phone Number: _____

Email Address: _____

Witness Signature: _____ Date: _____

Printed Name of Witness: _____