

**MISSION BAY COMMUNITY ASSOCIATION
OWNER / OCCUPANT AFFIDAVIT**

MB-_____

RECORDED OWNER (S): _____ **PURCHASED DATE:** _____

PROPERTY ADDRESS: _____ **TELEPHONE #** _____

BOCA RATON, FLORIDA 33428 / 33498 (CIRCLE ONE)

CURRENT OCCUPANTS: OWNERS / RENTERS (CIRCLE ONE) PAID / OWES \$ _____

RENTERS TELEPHONE # _____

AMOUNT PAID
\$15.00 PER CARD
ACCESS REC'D
CARD# CARD

Print Name (S) - LIST ALL OCCUPANTS

BIRTHDAY

GUEST / PASS

NEW / REPI.

Print Name (S) - LIST ALL OCCUPANTS	BIRTHDAY	GUEST / PASS	NEW / REPI.	ACCESS CARD#	REC'D CARD
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			

*Resident children – 15 years of age are eligible to use the Fitness Facility with Owner/Occupant Affidavit signed by Parent or legal Guardian.
*Resident children – 13 years of age are eligible to use the Pool upon Owner/Occupant Affidavit signed by Parent or legal Guardian.

EMERGENCY CONTACT NUMBERS:

NAME (S) RELATIONSHIP PHONE #1 PHONE #2

NAME (S)	RELATIONSHIP	PHONE #1	PHONE #2

STATEMENT UNDER OATH:

I certify that I am an Owner of the above property and the information provided in this Owner Affidavit is true and correct as of the date set forth opposite my signature. I further acknowledge my understanding that any intentional or negligent misrepresentation (s) of the information contained in this affidavit may result in civil liability and/or criminal penalties including, but not limited to, fine, special assessment to the above property of up to one hundred dollars (\$100.00) along with suspension of all Mission Bay Club/ Facility privileges.

OWNER'S SIGNATURE: _____ **DATE** _____

BILLING ADDRESS IF DIFFERENT FROM ABOVE: _____

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

I HEREBY CERTIFY the foregoing instrument was acknowledged before me this _____ day of _____, 20__

They are personally known to me or have produced _____ as identification.

NOTARY STAMP

NOTARY PUBLIC, STATE

ASSUMPTION OF RISK FOR PARTICIPATION

FITNESS AND RECREATIONAL ACTIVITIES:

I/We, the undersigned, realize that participation in any activity involves risks of injury and/or abnormal responses, including but not limited to, soft tissue or muscle strains/sprains, heat stress, head and spine and related musculoskeletal trauma, abnormal blood pressure, fainting, chest discomfort, heart attack, or even death. I/We also recognize that there are many other risks of injury, including serious disabling injuries, that may arise due to participation in any activity and that it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and appreciating knowing and reasonably anticipating that other injuries and even death are a possibility, I/we hereby expressly assume all other delineated risks of injury, all other possible risks of injury, and even risk of death, which could occur, by reason of my participation.

I/We had the opportunity to ask questions. Any questions I/we have asked have been answered to my satisfaction. I/We subjectively understand the risks of my participation in any activity, and knowing and appreciating these risks, I voluntarily choose to participate, assuming all risks of injury or even death due to my participation.

SIGNATURE: _____ **DATE** _____