



WAIVER & RELEASE OF LIABILITY

THIS DOCUMENT WAIVES CERTAIN LEGAL RIGHTS. PLEASE READ IT CAREFULLY.

In consideration for the privilege to use all amenities and participate in all activities and programs within the residential community of Granary Park, including all other associated facilities (collectively, the “**Facility**”), I hereby waive, release, and agree not-to-sue Builder(s), by Granary Park, Castle Group Management, and each of their respective subsidiaries, affiliates, shareholders/members (as applicable), owners, officers, directors, partners, agents, representatives, and employees, successors, and assigns (collectively, the “**Releases**”) for, from, and against any and all past, present, and future liabilities, obligations, damages, losses, claims, demands, costs, or expenses (collectively, “**Claims**”) that may be made by me, my family, estate, heirs, and/or assigns for all injuries and damages, including without limitation, property damage, personal injury, or wrongful death arising from or alleged to have arisen as a result of my use of any amenity or my participation in any activity or program at the Facility and off-site, wherever, whenever, or however the same may occur. I understand and agree that Releases are not responsible for any injury or property damage arising out of or alleged to have arisen from the use of any amenity or participation in any activity or program at the Facility or off-site, even if caused by negligence, gross negligence, or willful misconduct of Releases. Furthermore, in exchange for the privilege to use all the amenities and to participate in all of the activities and programs at the Facility and off-site, I hereby release any right to any Claims against Releases related to my use and participation at the Facility and off-site.

I am aware that the use of all amenities and my participation in all activities and programs including, but not limited to, strength, flexibility, and aerobic exercise, may be inherently dangerous activities, and I understand that such use and participation may involve a risk of injury or death. I am voluntarily using all amenities and participating in all activities and programs at the Facility and off-site with the knowledge of the dangers involved. I hereby agree to expressly assume and accept all risks associated with my use of all amenities and my participation in all activities and programs at the Facility and off-site. Furthermore, I hereby declare myself to be physically sound and suffering from no condition that would prevent my use of any amenities or my participation in any activity or program at the Facility or off-site. I acknowledge that I have been informed of the need for a physician’s examination and approval for my use of all amenities and my participation in all activities and programs at the Facility, and as a result, I hereby acknowledge that I have had a physical examination and my physician has given me approval to use all amenities and participate in all activities and programs at the Facility and off-site, or I have decided to use the amenities and participate in the activities and programs at the Facility or off-site without the approval of my physician and assume all risks associated with my use and participation.

I understand that this Waiver & Release of Liability (“**Waiver**”) is intended to be as broad and inclusive as permitted by the laws of the State of Florida and agree that if any portion of this Waiver is invalid, the remainder will continue in full legal force and effect. I further agree that any legal proceedings related to this matter will take place exclusively in Clay County, Florida.

I am of legal age (18 years or older), and I am freely signing this Waiver. I have read this Waiver and understand that by signing this Waiver, I am giving up legal rights and remedies on behalf of myself, my family, estate, heirs, and/or assigns.

Signature: _____

Date: _____

Printed Name: _____

Approved By: _____

RETURN TO:

Michael Molineaux, LCAM

Email: MMolineaux@CastleGroup.com



**CONSENT TO RECEIVE ASSOCIATION NOTICES AND DOCUMENTS
ELECTRONICALLY
from The Granary Park Homeowner's Association Inc.**

The undersigned Member(s) of the above-named Association (the "Association"), by signing below, hereby consent to receipt of documents, reports, notices, and other information from the Association by e-mail, facsimile, or other electronic means. Except as indicated below, this consent applies, without limitation, to notices, newsletters, minutes, personal invoices, budgets, financial statements, and other documents that the Association is required to deliver to its Members, instead of receiving that information by conventional first-class mail, so long as the means of electronic transmission utilized by the Association creates a record that is capable of retention, retrieval, and review that may thereafter be rendered into clearly legible tangible form. This consent shall not apply to any notice or document that the Association is required to provide to its Members by some other form of written communication or by personal delivery.

**COMPLETE AND RETURN
MEMBER ACKNOWLEDGMENT**

By signing below, I acknowledge that:

- I will not receive conventional printed or photocopied versions of documents generally distributed by the Association unless I otherwise specifically request receipt of a non-electronic form of the notice or document.
- I may request a paper copy of any document that I have previously received in electronic form, or that I desire in some other format, by contacting the Association's manager.
- I agree to provide notice to the Association in the event of any changes to my e-mail address.
- I understand that I can withdraw this Consent at any time, simply by sending notice in writing to the Association's manager.

Property Address: _____

Property Owner: _____

Email Address: _____

Signature: _____ Date: _____

RETURN TO:

Michael Molineaux, LCAM
Email: MMolineaux@CastleGroup.com



NEW MAILBOX KEY

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN AS INDICATED

DATE: _____

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

CBU LOCATION: _____

MAILBOX # _____

By signing below, I/We acknowledge receipt of two (2) Mailbox Keys for the above listed address located in Granary Park. Likewise, I/We understand that there are no additional keys. If a key is lost please contact the local United States Post Office. The owner is responsible for passing on mailbox keys to buyers at the time of sale. No additional keys are available from GreenPointe Developers, LLC or Castle Group.

Signature: _____

Date: _____

RETURN TO:

Michael Molineaux, LCAM

Email: MMolineaux@CastleGroup.com



PET REGISTRATION AND LIABILITY WAIVER FORM

Note: While many residents own dogs and enjoy the spacious common areas of Granary Park for walking them, we all need to be respectful of each other. Our Community Policy on dogs requires that dogs be kept on a leash when not safely confined on the member's property. Dogs are not permitted to run loose.

Residents Name:					
Address					
City:		State:		Zip Code:	
Mailing Address, if different					

Official Owner(s):				
Home Phone:	()	Cell Phone:	()	
Work Phone:	()	Email:		
Official Tenant(s):				
Home Phone:	()	Cell Phone:	()	
Work Phone:	()	Email:		

PETS: Pets permitted by the Community's Covenants are cats, dogs, birds, & fish. Please register your dogs below.

Name	Type of Pet	Breed	Color	Weight	County Registration

I HAVE READ AND UNDERSTAND THAT THE FOREGOING IS A RELEASE OF LIABILITY AN INDEMNITY AGREEMENT AND I VOLUNTARILY SIGN THIS DOCUMENT WITHOUT RESERVATION.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

RETURN TO:
 Michael Molineaux, LCAM
 Email: MMolineaux@CastleGroup.com



Emergency Contact Sheet

Homeowner Information					
Name:					
Cell phone:		Day phone:		Work phone:	
Property address:					
City:		State:		ZIP Code:	
Birth Date:		Email:			
Mailing address, if full time or part time resident					
City:		State:		ZIP Code:	
Co-Homeowner Information, if any					
Name:					
Cell phone:		Day phone:		Work phone:	
Birth Date:		Email:			
Emergency Contact					
Name of a person not residing with you:					
Address:					
City:		State:	ZIP Code:	Phone:	
Relationship:					
Email:					
Tenant Information					
Name(s):					
Terms: (Please send copy of your lease with		From:	To:	How long?	
Phone:		E-mail:		Day phone:	
City:		State:		ZIP Code:	
Additional Information, if any					
Please attach any additional information you feel may assist us in notifying you					
By signing this I am stating that I have written in only truthful helpful information above and I understand that this provided information is information only for the Granary Park Management office which is managed by Castle Group Property Management.				Yes	No
Signature of Homeowner:				Date:	
Signature of Homeowner:				Date:	

RETURN TO:

Michael Molineaux, LCAM

Email: MMolineaux@CastleGroup.com



Photo Waiver Form

I am aware that pictures of my property may be taken by Granary Park.

I am aware that pictures may be posted on the Granary Park website and newsletter(s). The pictures will be used for the purpose of illustrating the beauty of my community.

Pictures posted to the website are considered the property of Granary Park and may not be sold or reused without the express consent of Granary Park.

I have read the foregoing disclaimer and agree to be bound by it.

Print Homeowner's Name

Print Homeowner's Name

Homeowner's Signature

Date

Homeowner's Signature

Date

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Michael Molineaux, LCAM
Email: MMolineaux@CastleGroup.com