




## Property Record

**Please Print All Information**

<b>Property Information</b>	
Address:	
 <b>Neighborhood:</b>	
Owner Names (as listed on the Property Deed):	Contact Phone:
	Email Address:
Tenant Names (as listed on the Property Transfer Record):	Contact Phone:
	Email Address:

<b>Property's Club Memberships – List 1<sup>st</sup> &amp; last name 2 adult residents (over age 21) of this Property Only</b>	
1.	DOB:
2.	DOB:

<b>Resident Information – List 1<sup>st</sup> &amp; last names each person residing at this property excluding above names</b>			<b>Age</b>
<b>Resident Name(s) (First and Last)</b>	<b>Relationship to Primary Resident</b>	<b>Birthdate</b>	
3.			
4.			
5.			
6.			
7.			
8.			

I, \_\_\_\_\_, Owner or Tenant of the above mentioned Property, hereby certify that the information listed above is true and correct.

Signed \_\_\_\_\_

Office Use Only

Account Number \_\_\_\_\_

Approved By \_\_\_\_\_

**Starpointe/Presidio Residents Club  
RELEASE AND INDEMNIFICATION AGREEMENT  
(ADULT OWNER(S) OCCUPANT(S) WITHOUT OR WITH THEIR OWN CHILDREN)**

The undersigned wishes to use the facilities of the Starpointe/Presidio Residents Club located within Estrella. The undersigned also is or may in the future be the parent or legal guardian of the following children who are under the age of 18 (collectively referred to as Children) who may also wish to use Starpointe/Presidio. Please print the names of all current Children.

Children (Print Name and Age):

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In consideration of the Children and my/ourselves being allowed to use Starpointe/Presidio, I/we hereby agree as follows.

I/we understand and acknowledge that there are inherent risks, both known and unknown, in using the facilities of Starpointe/Presidio. Some of the risks that may occur at Starpointe/Presidio include, but are not limited to, broken or sprained limbs, torn ligaments, overexertion, heat exhaustion, concussion, along with other, more serious injuries, including hospitalization, drowning and death.

I/we agree to inspect the area to ensure that I/we are aware of the condition of the area. I/we agree to assume all risks that may exist relating to the condition and operation of Starpointe/Presidio.

**Release:** In consideration of the Children and I/we being allowed to use Starpointe/Presidio, I/we hereby waive any and all claims that the Children and/or I/we may have against the Estrella Joint Committee, Inc. Estrella Community Association, The Villages at Estrella Mountain Ranch Community Association, Newland Communities, and Capital Consultant Management Corporation, and all the Directors and Officers, agents, employees, or independent contractors (collectively "the Association") release the Association from any liability relating to the use of being on Starpointe/Presidio property, including, but not limited to, the claims relating to the condition and operation of the property, the negligent acts of any director, officer, agent, or employee of the Association, or the actions of the Association in hiring instructors or allowing instructors to teach classes at Starpointe/Presidio.

**Indemnification:** I/we realize that the Children or I/we may be injured or cause injury to another person or entity or cause damage to another person's or entity's property during their or my/our use of Starpointe/Presidio. I/we agree to indemnify and hold harmless the Association, its officers, directors, employees, agents, successors in interest, and assigns from and against claims which arise from or relates to any and all use of Starpointe/Presidio by the Children or me/us. If litigation results arising out of, pertaining to, or in relating to their or my/our actions while using Starpointe/Presidio and if the Association, its officers, directors, employees, agents, successors, in interest, or assigns are named as parties in any such litigation or joined as parties in any litigation, I/we agree to hold them harmless, defend and indemnify them in regard to any judgment entered against them and in regard to

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Approved By \_\_\_\_\_

their litigation expenses, including but not limited to reasonable attorney's fees, costs and out of pocket expenses. This release and indemnification shall be effective for as long as the Children and/or I/we are entitled to use the facilities of Starpointe/Presidio.

DATED this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

Print Owner(s)/Occupant(s)

Name(s): \_\_\_\_\_

Owner(s)/Occupant(s)

Signature(s): \_\_\_\_\_

Property Account

No: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_



AT THE HEART OF GREAT LIVING

**Picture Release Form**

I, \_\_\_\_\_ (print Model's name) do hereby give American Newland Communities, L.P. ("Newland") their affiliates, assigns, licensees, successors-in-interest, legal representatives, and heirs the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and in all media and in all manners, without any restriction as to changes or alterations (including but not limited to composite or distorted representations, or derivative works made in any medium) now or hereafter known for illustration, publication, advertising, trade, promotion, exhibition, or any other lawful purposes, and I waive any right to inspect or approve the photograph(s) or finished version(s) incorporating the photograph(s), including written copy that may be created and appear in connection therewith. I agree that Newland owns the copyright in these photographs and I hereby waive any claims I may have based on any usage of the photographs or works derived therefrom, including but not limited to claims for either invasion of privacy or libel. I agree that this release shall be binding on me, my legal representatives, heirs, and assigns. I have read the above authorization and release prior to its execution and I am fully cognizant of its contents. (*\*Delete the following sentence if the subject is a minor. The parent or guardian must then sign the consent below*) [I have full rights to contract in my own name with respect to the matters herein.]

Witness: \_\_\_\_\_ Signed: \_\_\_\_\_

[must be of legal age]

[Model]

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_\_

Consent (if applicable)

Office Use Only

Account Number \_\_\_\_\_

Approved By \_\_\_\_\_

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I am the parent or legal guardian of the minor named above and have the legal authority to execute the below release. I approve the foregoing and waive any rights with respect to subject matter stated above.

Witness: \_\_\_\_\_ Signed: \_\_\_\_\_  
[must be of legal age]

Parent or Legal Guardian

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

Model Release

March 06

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Approved By \_\_\_\_\_