



# Crossings Community Development District

## Amenities Access Registration Form

Name: \_\_\_\_\_  
(Resident listed on proof of residency)

Residential Address: \_\_\_\_\_ **Saint Cloud FL 34771**  
(Within Crossings CDD) Street Address City State ZIP Code

Mailing Address: \_\_\_\_\_  
(If different from Residential) Street Address City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Resident(s): \_\_\_\_\_  
(Using the amenities)

### ACCEPTANCE:

I acknowledge that the Access Card(s) will be received by the above listed residents and that the above information is true and correct. I understand that I have willingly provided all the information requested above and that it may be used by the District for various purposes. **I also understand that by providing this information that it may be accessed under public records laws.** I also understand that I am financially responsible for any damages caused by me, my family members or my guests and the damages resulting from the loss or theft of my Facility Access Card. It is understood that Facility Access Cards are the property of the District and are non-transferable except in accordance with the District's rules, policies and/or regulations. In consideration for the admittance of the above listed persons and their guests into the facilities owned and operated by the District, I agree to hold harmless and release the District, its agents, officers and employees from any and all liability for any injuries that might occur in conjunction with the use of any of the District's amenity facilities (including but not limited to: swimming pools, playground equipment, other facilities), as well while on the District's property. Nothing herein shall be considered as a waiver of the District's sovereign immunity or limits of liability beyond any statutory limited waiver of immunity or limits of liability which may have been adopted by the Florida Legislature in Section 768.28 Florida Statutes or other statute.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian if a minor)

### RECEIPT OF DISTRICT'S AMENITY POLICIES AND RATES:

I acknowledge that I have been provided a copy of and understand the terms and all policies, including the **Guest Policy**, in the **Amenity Policies and Rates** of the Crossings Community Development District.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian if a minor)

PLEASE EMAIL THIS FORM WITH YOUR PROOF OF RESIDENCY TO:  
[amenityaccess@gmscfl.com](mailto:amenityaccess@gmscfl.com)

OR MAIL TO:  
Crossings CDD  
Attn: Amenity Access  
219 E Livingston St  
Orlando, FL 32801

FOR OFFICE USE ONLY:	
Date Received:	_____
Date Issued:	_____
Card(s):	_____
Lease Term End:	_____
(For Renter(s) only)	

ADDITIONAL INFORMATION REGARDING THE CDD: <https://www.crossingscdd.com/>

CONTACT OUR OFFICE: Phone: (689) 500-4540 / Email: [amenityaccess@gmscfl.com](mailto:amenityaccess@gmscfl.com) TO

REPORT AMENITY POLICY VIOLATIONS: Phone: (321) 248-2141