



ONE FORD ROAD

ONE FORD ROAD (OFR) COMMUNITY ASSOCIATION

**APPLICATION
FOR RESIDENT & PERSONAL SERVICE PROVIDERS
USING OFR FACILITIES AND/OR COMMON AREAS**

REQUIRED FOR:

- Personal Trainers
- Coaches
- Instructors
- Therapists
- Medical Personnel
- Any & All Personal Services Providers

In accordance with the OFR Rules & Regulations, Residents who engage the services of a Personal Service Provider for any purpose using Association facilities and/or common areas must adhere to the following provisions:

- 1) Complete this Agreement in its entirety and submit to Keystone Pacific for approval.
- 2) Agreement must be accepted by the Association prior to the commencement of services using Association facilities and/or common areas.
- 3) Service Providers that attempt to provide services on Association property, without having received written approval by the Association, will be required to immediately cease such activity and leave the community. Future access to OFR may be denied at the gate.
- 4) Services may be offered to OFR Resident ONLY. Non OFR Residents MAY NOT be trained at OFR using Association facilities and/or common areas. The Resident shall be responsible for any and all injuries or damage that may result from receiving services, and shall indemnify the Association for any liability that may result.
- 5) Service Provider must provide a Certificate of Insurance reflecting a General Liability Provision of at least \$1,000,000 per occurrence, as well as an additional insured endorsement to One Ford Road Community Association.
- 6) Residents who sponsor unauthorized activity shall be subject to enforcement action by the Association including fines and loss of privileges.

Name of Participating Resident: _____

Parent/guardian (if applicable) : _____

Property Address: _____

Primary Phone: _____ Cell Phone: _____

Name of Service Provider: _____

Company Name: _____

Service Provider E-mail: _____ Telephone: _____

Address: _____

Type of Service Provided: _____

Please initial here to indicate the required insurance documentation is attached: _____

Please read and sign:

I, _____ (Resident), agree to the following:

Resident hereby waives, releases and discharges One Ford Road Community Association, its directors, officers, employees and agents for any damage to or loss of any property of injury to or death of any person or persons, resulting from or arising in connection with the use of the Association's recreation facilities and/or common areas by Resident and Resident's family and guests. Resident agrees to indemnify, defend and hold Association, its directors, officers and agents harmless from and against any and all claims, demands or liability for any damage, loss, injury, or death, and any and all costs and expenses incurred by Association in connection with the use of Association's recreation facilities by Resident and Service Provider (included but not limited to reasonable attorneys' fees and court costs).

Resident does not at any time have exclusive use of any portion of Association property and/or common areas. Resident agrees to exercise control over Service Provider such that other residents interested in using the facilities are not inconvenienced, disrupted, or unreasonably delayed.

Resident agrees that the recreation facilities and/or common areas will be utilized for Resident's benefit, or for the benefit of an immediate family member of Resident, and that the Resident will be present at all times while services are performed. Violation of this and/ or any of the Rules and Regulations of One Ford Road Community Association may result in fines.

If necessary, the Association reserves the right to hold a hearing and thereafter assess Resident for damage to the common area or non-compliance of the Rules & Regulations. Resident also agrees to pay all of the Association's attorney fees in the event of a dispute over this Agreement.

Use of Association Property and/or common areas shall be subject to the provisions of the CC&R's and the Rules and Regulations, and to any limitations imposed by any other Association Documents.

Date: _____ Resident Signature: _____

Date: _____ Service Provider Signature: _____