

# The Hills Village North Master Association

Managed by: *Signature* Property Group  
25 Artillery Park Road  
Bedminster, New Jersey 07921  
Ph: 908-781-2333, Fax: 908-781-2323

## GYM KEY REQUEST FORM (Page 1 of 2)

1. I have read and fully understand the Gym Usage Rules & Regulations. I agree to abide by all rules contained therein and understand and accept that any violation thereof will result in the Association deactivating use of my key fob for a period of no less than thirty (30) days.
2. I agree that I will not give or lend the key fob I am issued to operate the electronic admittance system to any other person whatsoever for any reason. I will not bring any other person with me to the gym except a member of my immediate household over the age of 14, nor will I open the gym door to any "walk-up" person and understand that I accept that if I do this, I will be subject to the Association deactivating the use of my key fob for a period of no less than thirty (30) days.
3. I understand that the gym is unsupervised and that I will use the gym at my own risk and I agree to remain fully responsible and liable for myself.
4. I agree to hold the Association harmless from any action or claim that may arise from my use of the gym.
5. I understand that in the event that I lose a key fob, I will be required to re-submit this form and an additional fifty (\$50.00) dollars in order to obtain a replacement and will forfeit the original amount paid.

I enclose herewith a check payable to the "Hills Village North Master Association" in the amount of \$50.00 (to cover the non-refundable fee of fifteen (\$15.00) dollars and a refundable deposit of thirty-five (\$35.00). I understand that I will receive a refund of the deposit only after my key fob is returned to Signature Property Group Inc.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE # HOME:** \_\_\_\_\_ **CELL** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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**If you are not a unit owner, you must have your Landlord review, agree to, and sign the following document.**

*I have reviewed and fully understand the Gym Usage Policy and Rules and Regulations. I agree that I will assume full and complete responsibility for my tenant(s) who I am permitting to use the facility. I give permission for my tenant to pick up and sign for "as receiving" the gym key fob.*

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:**      **HOME:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### **PLEASE RETURN THIS FORM TO:**

*Signature* Property Group, Inc.  
25 Artillery Park Road  
Bedminster, NJ 07921  
Phone (908) 781-2333  
Fax (908) 781-2323