



City of Fountain Resident Key Fob Request Form

The Ventana Metropolitan District oversees the management of the Ventana Recreation Center and the distribution key fobs for access. To qualify to become a Member eligible to use the Club House, an individual must be at least 18 years of age and:

- Be the named Owner on the current Deed of Property, or a tenant named on a current lease for property within the City of Fountain.
- Submit payment for the Annual Membership Fee of \$600 to the Ventana Metropolitan District
- Complete and sign this agreement and waiver form, and submit to The Management Trust's office

You will be contacted by email once your fobs are ready for pick-up.

Each Member's household will receive two complimentary key fobs after submittal of this completed and signed form. Members may purchase additional Key Fobs, or replace a lost/stolen/damaged fob, for a fee of \$40.00 each, which is non-refundable and payable to the Ventana Metropolitan District.

Membership may be renewed on an annual basis. If the Member fails to renew the Membership by payment of the Annual Membership Fee, the key fobs belonging to the household will be suspended until such time as the Membership is renewed.

A household is permitted to bring up-to 4 guests into the facility daily for a fee of \$5.00 per guest. An adult household Member must sign-in all guests, using the daily sign-in sheet located on the counter next to the entrance in the Great Room.

Guests must be accompanied by an adult Member. If a Member loans their key fob to a Non-Member, the Member's account may be subject to a fine (plus the cost of repair for any damage to property if any) and suspension of their facility access.

A Member who loans a Key Fob to a Non-Member, or who otherwise makes entry to the facility possible for a Non-Member may be subject to a fine (and/or the cost of repair for any destruction of property) and suspension of their Key Fob.

By becoming a Member of the Ventana Metropolitan District Recreation Center, you qualify to reserve the Great Room for parties and events. Additional information regarding availability and the reservation process can be found on the District website at https://ventanamd.colorado.gov/services/recreation-center.

Applicant Information:

Applicant Name

	1 _			_
Residential Address	years of age	No	1	2
Email Address	I am the	Owner	# of Additional Fobs	
Best Contact Number	r ann the	Tenant		
			Adult or Child (under 18)	
Name(s) of Members in Household (not including applicant):			Adult	Child

I am at least 18

Yes

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Changes in household members must be reported by resubmitting this form online, each time a change occurs.

Office Phone: (303) 750-0994

Website: www.colorado.gov/ventanametro

Number requested?

Reason for submittal:	☐ Requesting fobs for the first time.
	☐ Modifying the members of my household.
	☐ Requesting additional or replacement fobs.
_	Rules and Regulations must be followed, including the below highlighted Rules.
·	en 24 hours, 7 days a week and 365 days of the year.
You may bring mu the use of persona	isic, please be respectful for those using the Fitness Area/Pool Area along with you. We encourage all headphones.
	ttire must be worn at all times, including shirts and close-toed shoes.
 Proper swim attire proper swim diape 	e must be worn when entering the pool, no jeans, cut-off shorts, basketball shorts, infants without ers in the pool.
 Each Member is exprovided. 	xpected to clean each piece of fitness equipment after use. Cleaning solution and towels are
 Children under 16 legal guardian. 	years of age are not allowed in the fitness center or pool without the supervision of a parent Or
	under115 pounds is permitted in the Hot Tub/ Spa.
	and regulations and/or inappropriate behavior in the Recreation Center/ Pool Area may result in Member's facility access/ privileges.
	enter may not be used for commercial purposes.
	ctors of the Ventana Metropolitan District and it's managers reserve the right to amend the Rules as
-	e Rules and Regulations, which may be amended from time to time, can be downloaded from tps://ventanamd.colorado.gov/.
ASSLIMPTION OF RISK W	VAIVER OF LIABILITY AND RELEASE AGREEMENT:
By my signature below, I ac participating in all activities the Recreation Center, Fitt representatives, and agents Ventana Metropolitan Distr property resulting from my officers, employees, and ag Consent to receive any med Acknowledge that all perso RISK, WAIVER OF LIABILITY UNDERSTAND THAT I HAVE	knowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in associated with utilizing the Ventana Metropolitan District-owned amenities, including but not limited to ness Area, and Pool. By my signature below, on behalf of myself, my household, assigns, personal it I hereby: 1. Waive any claim or cause of action against and agree to defend and release from liability the rict, its officers, employees, and agents for any liability for injuries to my person, household, guests, or use of the facility; 2. Agree to indemnify, defend, and hold harmless the Ventana Metropolitan District, its ents for any claims, causes of action, or liability to any other person arising from my use of the facility; 3. lical treatment deemed advisable in the event of injury, accident or illness during use of the facility; and 4. Insunder 16 years of age will be supervised by an adult at all times. I HAVE READ THIS ASSUMPTION OF AND RELEASE AGREEMENT. I CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT
	ANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND DE ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.
l,	(print name) have read and fully understand the above Assumption of Risk, Waiver or
	eement; the Covenants; and the Rules and Regulations. I fully understand that if I violate any of
the adopted, published, o	or posted Rules, I may be subject to suspension of privileges and/or fines, which may be amended

from time to time. I also fully understand that my consent herein shall act as consent to the same for all Members of my

Applicant Signature: ______ Date: _____

Office Phone: (303) 750-0994

household and guests perpetually.

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