RAINTREE AMENITY ID CARD INSTRUCTIONS

Spring, 2022

Dear Raintree Homeowner:

The Raintree Community Association uses an electronic amenity card system with cards that are electronically encoded. This system allows easy automated access to the Sam Bakal Clubhouse, the workout room, and the tennis courts. The Raintree resident simply scans the card at the door or gate and the door will unlock and grant access. The same card is also used by residents to gain access to the pool area and to use the Raintree golf course.

Every time a card is scanned, the Raintree database will verify if the cardholder is a resident in good standing and will electronically record the time and date of access. Cards belonging to former residents that have either moved out of Raintree or to persons in arrears in paying their maintenance fees will not be granted access.

PLEASE follow these instructions carefully to obtain your Raintree Amenity ID Card.

To obtain an amenity card, you will need to submit three items; (1) the amenity card census form (one form per household), (2) a passport-style photo for each resident (including children), and (3) a liability waiver two-page form (one per household initialed in multiple places and signed by all occupants 18 years of age or older).

The amenity card census Form must be completely filled out and legibly. Only ONE form per living unit should be submitted, listing the names of all occupants in the unit. The passport-style photos submitted (one photo per resident including children) must be in color, taken within the past 6 months, showing current appearance, and show full face, front view with a plain white or off-white background. The name of the person in the photo should be written on the BACK of the photo. Several local businesses (i.e., CVS, Walgreens) can take the photos for a reasonable fee. The liability waiver form is two- pages and must be initialed in multiple places and signed and dated by all adult residents in the unit. The amenity card census form and liability waiver form are included with these instructions below. Forms that are incomplete will not be able to be processed and will delay the issuing of your cards.

These items can be submitted for processing in paper for or via email.

Paper submission: Please mail your census form with photos and liability waiver form to the following address, or you can drop it off to the management office during business hours, or leave it in the black mailbox next to the management office door. Mail to: Raintree Community Association Amenity Cards, 1 Raintree Road, Freehold, New Jersey 07728

Email submission: In lieu of paper copies, you can email the above documents to raintree@execproperty.com

The 2 forms need to be scanned and submitted in legible PDF format. Each of the photos must be clear resolution and in JPG format with *the file names being the name of the person in the photo*. The subject line of the email should say "Amenity Card Application" to expedite processing.

Once your documents are received by the management company, you will receive a confirmation email and will be notified when your new amenity cards will be ready. Please allow 5 business days for the verification and production of your cards. Lost amenity cards must be reported to the management office and will cost \$25 to replace.

ATTENTION TENANTS: A current copy of your lease must either be on file with the office or else included with these documents in order for resident tenants to get amenity cards and gain access to the Raintree amenities.

The Raintree Board of Trustees appreciates your cooperation to make access to Raintree amenities easier, safer, more secure, and more enjoyable.

The Raintree Management and Board of Trustees

ATTACHED:

Amenity card census form Liability waiver two-page form

RAINTREE AMENITY CARD CENSUS FORM

This form MUST be completed to receive a current Raintree Amenity Card
ONLY ONE FORM should be submitted for each unit.
Return to: Raintree Community Association at 1 Raintree Road, Freehold NJ 07728.

Clearly Print all Information

UNIT ADDRESS:						
UNIT OWNER INFORMAT		~~~	~~~~	~~~~~	~~~~~~~	
Owner's Name(s) (as per de	ed):					
Owner's Address (if differen	t):					
Cell Phone:	Alt. Phone: _			E-Mail:		
Do you lease/rent your unit	unit? (Circle one) YES NO Lease expiration end date:			on end date:		
If yes, do you relinquish you	ur amenity right	s to the	tenant(s)?	YES	NO ~~~~~~~~	
OCCUPANT INFORMATIO						
Tenant Names on Lease:						
ell Phone: Alt. Phone:						
An email address must be pr ready for pick-up at the office	ovided on this covided on this	form in e future	order to re notificatio	ceive notifications of Raintree	on when amenity cards will	
DETAILED OCCUPANT INF						
Total Number of Occupants in Unit:		_ (All occ	(All occupants must be listed)			
NAME OF EACH	H OCCUPANT I	s requ	IRED:	Date-of-B	irth if under 18 yrs old	
1						
2			_			
3						
4						

RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT (page 1 of 2)

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING AS IT AFFECTS YOUR LEGAL RIGHTS.

In consideration for permission to use the Raintree Community Association golf course, basketball courts, tennis court(s), workout room, swimming pool, other recreational facilities and other Common Areas (the "Amenities")
of Raintree Community Association, Inc. (the "Association"), located on the Association's property in
Freehold, Monmouth County, New Jersey, I/we, the undersigned (individually and collectively, "I" or "me"),
am/are an owner, resident or guest of/at (the "Home") and do hereby
agree to the following:
The Association cannot state that the Amenities are free of infectious disease including coronavirus/COVID-19
I acknowledge and understand that the Association cannot guarantee that the Amenities are or will be free of infectious diseases, including, but not limited to coronavirus/COVID-19, or that others using the Amenities are free of communicable and infectious diseases, including, but not limited to coronavirus/COVID-19 and that my use of the Amenities is an inherently dangerous activity, which may result in infection, sickness, disease, serious injury, permanent disability or even death. I further acknowledge and understand that I should seek the advice of a physician to determine whether I should accept the health risks associated with using the Amenities. (Initial.)
Consideration:
In consideration for the opportunity to use the Amenities during the State of Emergency and/or while there is a risk relating to coronavirus/COVID-19, I agree to the terms of this release, waiver and indemnification agreement. (Initial.)
I agree to assume all risks:
I am voluntarily using Amenities with full knowledge of the inherent risks and dangers involved, including but not limited to coronavirus/COVID-19, and agree that I am using Amenities entirely at my own risk. I assume and accept any and all risks of infection, sickness, disease, serious injury, permanent disability or even death, and agree to adhere to all rules and regulations governing use of Amenities.
(Initial.)
Logues to follow the Content for Disease Control ("CDC") and to lo
I agree to follow the Center for Disease Control ("CDC") protocols: I agree that I will not use the Amenities if I have, or have had, symptoms of or have been diagnosed with COVID-
19, within fourteen (14) days, nor will I use the Amenities if I have been exposed to someone with symptoms of
or who has been diagnosed with COVID-19 within fourteen (14) days.

I agree to release the Association from all liability and indemnify the Association:

I hereby knowingly and intentionally accept all risks associated with use of the Amenities and hereby waive and release, forever discharge, indemnify, and hold harmless the Association and any and all of its trustees, officers, agents, affiliates, employees, contractors or volunteers, individually and collectively, from and against any and all claims, actions, causes of action, liabilities, suits and expenses (including reasonable attorney's fees) of any kind or nature, arising directly or indirectly from my use of the Amenities including, but not limited to, any damage, loss, including economic loss, infection, sickness, disease, serious injury, permanent disability or even death to me, any minor(s) under my care or my property, even if such claims, demands, damages, actions,

(Initial.)

RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT (page 2 of 2)

causes of action, controversies, judgments, expenses and/or liabilities arise solely from the action or inaction of the Association, its board members, contractors, officers, directors, attorneys, managers, management company, members, employees, or their predecessors, successors or assigns. I agree to indemnify, defend and hold the Association harmless, to the fullest extent permitted by law, from and against all losses and expenses, incurred by the Association in connection with any claim relating to my use of the Amenities during the coronavirus/COVID-19 pandemic including when the active or passive negligence of the Association is alleged or proven.

			(Initial.)
permanent disability my heirs, my succe officers, agents, aff any loss, sickness, i sue or defend itself attorneys' fees. I att	loss, including but not limited to or even death related to coronavi ssors, executors, and superiors, fulliates, employees, contractors or njury, or death suffered in connect in a lawsuit to enforce this Agreer est that I am 18 years of age or old jurisdiction, all other terms shall a	financial loss, infection, sickness, discus/COVID-19, I, for myself, any mind rither agree not to sue the Association volunteers, individually and/or collection with my use of the Amenities. If then, I shall be responsible for the Asser. If any terms herein are found to be be main in full force and effect. Electron.	nor(s) under my care on and/or its trustees etively, as a result of the Association must sociation's costs and the unenforceable by a conic, .pdf and/or fax
		eing to give up any right I may have t	
against the Associat	10n.		(Initial.)
I understand and a and I understand t	,	y to use the Amenities, at any time, for	
Cianatura	Printed Name	A Admos	
Signature	Printed Name	Address	
Date:			
Signature	Printed Name	Address	
Date:			
Signature	Printed Name	Address	