



INFORMATION FORM

Property Address: _____

Mailing Address: _____
(If different)

Emergency Contact: _____ Phone Number: _____

RESIDENT 1: [] Owner [] Renter

Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

_____ Register for ENews - Yes or No _____ SCLH Name Badge \$10 - Yes or No

RESIDENT 2: [] Owner [] Renter [] Co-Resident

Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

_____ Register for ENews - Yes or No _____ SCLH Name Badge \$10 - Yes or No

HOMEOWNER INFORMATION ONLY (NO RENTERS)

*If you want to be listed as a joint household please fill in the information under Resident 1. If you want to be listed separate, please fill in both resident sections.

Would you like to be added to the resident directory? YES NO

How would you like your household to be listed? _____
(Last Name, First Name)

Phone Number to be listed in printed Directory: _____

How would you like your household to be listed? _____
(Last Name, First Name)

Phone Number to be listed in printed Directory: _____



ADDRESS _____

WELLFIT INFORMED CONSENT AGREEMENT

Thank you for using the Sun City Lincoln Hills Community Association Fitness Center. Association management requests your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, _____ (Resident 1) _____ (Resident 2)

Declare that I intend to use some or all of the activities and services offered by the Association Fitness Center and I understand that each person (myself included) has a different capacity for participating in such activities and services. I assume full responsibility during and after my participation for my choices to use or apply, at my own risk, any portion of the information or instruction I receive. I have read and agree to comply with the written rules and regulations for use of the fitness center.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity or service of the Association Fitness Center brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care and skill that I possess and use.

I recognize that by participating in the activities and services offered by the Association Fitness Center, I may experience potential health risks and I willfully assume those risks. I acknowledge my obligation to immediately inform the nearest Fitness Center employee of any pain, discomfort, fatigue or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity if I so desire and that I may also be requested to stop and rest by a Fitness Center employee who observes any symptoms of distress or abnormal response, and I agree to comply with such directions.

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities and programs of the Association Fitness Center, or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity, or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent, physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation in activities, and utilization of equipment and machinery in my activities. On behalf of my heirs, beneficiaries, dependents and personal representatives, I release and hold harmless of any responsibility the Association and all of their respective affiliates, officers, employees, residents and agents related to the Association and the activities, but not limited to, the instructor or person directly involved with the Association and the activities in which I am participating (Res 1 Initial _____) (Res 2 Initial _____).

I DECLARE THAT THE TERMS OF THIS INFORMED CONSENT AGREEMENT HAVE BEEN COMPLETELY READ, ARE FULLY UNDERSTOOD, AND THAT I HAVE HAD THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY PRIOR TO EXECUTING IT. I VOLUNTARILY ACCEPT THIS INFORMED CONSENT AGREEMENT FOR THE PURPOSE OF MAKING A FULL AND FINAL COMPROMISE AND SETTLEMENT OF ANY AND ALL CLAIMS, DISPUTED OR OTHERWISE, RELATED TO THE ASSOCIATION AND THE ACTIVITIES DESCRIBED ABOVE.

Signature

Date

Signature

Date



OCCUPANCY RESTRICTION ACKNOWLEDGEMENT FORM

The undersigned is the purchaser(s) of Sun City Lincoln Hills Property described as:

Street Address: _____, Lincoln, CA 95648

I acknowledge and understand that Sun City Lincoln Hills was developed as an age restricted community planned primarily for adults 55 and older and is intended to be in compliance with terms of California Civil Code Section 51.3, the Fair Housing Act Amendments of 1988 and the Housing for Older Persons Act of 1995 and applicable regulations thereunder. Sun City Lincoln Hills has age restrictions as described in Article II, section 2.02 and Article VIII section 8.01 of the master Declaration of Covenants, Conditions and Restrictions for Sun City Lincoln Hills (the "Declaration") recorded on January 26, 1999 in the official records of Placer County.

I acknowledge that I have read and understand the specific age restrictions contained within the Declaration inclusive of, but not limited to, the restriction placed on persons under forty-five (45) years of age visiting as guests for periods of time. Up to sixty (60) days total of each such guest in any calendar year. I further acknowledge and understand: (i) that all persons residing in the residence must meet restrictions as referenced herein and as further contained in the Declaration; (ii) that Sun City Lincoln Hills is relying on this acknowledgement as a condition in completing the sales transaction; (iii) that I will need to supply, prior to close of escrow on my home, a document for photocopy (copy to be kept in the Sun City Lincoln Hills administrative office) which indicates objective proof of age (e.g. drivers license) of occupants; and (iv) the administrative office must be notified of any changes related to supplied information.

Occupants at time of closing: _____ Age: _____
(Please Print)

_____ Age: _____

Other(s): _____ Age: _____

I agree to abide by said restrictions on occupancy:

Signature Date

Signature Date

THIS SECTION FOR OFFICE USE ONLY

Proof of Age Documentation Provided

Driver's License

Military Identification

Passport

Other Official Document _____