



SHADOW CREEK RANCH

ABSENTEE OWNER STATEMENT - FACILITIES USE AGREEMENT FOR TENANTS

Please email to Answers.Tx@fsresidential.com or
12234 Shadow Creek Parkway Suite 3112 Pearland, TX 77584

Shadow Creek Ranch Property Address: _____
Absentee Owner Name: _____
Absentee Owner Home Phone: _____ Cell: _____
Absentee Owner Email: _____

As the Owner of the Shadow Creek Ranch Association property listed above, I agree to relinquish my Shadow Creek Ranch facility privileges to my tenant(s), _____ as well as those members of their household who are allowed under the terms of my lease to reside in the household. My tenants shall provide a copy of the lease to Shadow Creek Ranch Association as validation of their occupancy during the term of the lease. The current lease agreement is for the following term:

Start Date of Lease: ____/____/____

Expiration Date of Lease: ____/____/____

Tenant Home Phone: _____ Tenant Cell Phone: _____
Tenant Email Address: _____

I give permission for my tenant to use the following Shadow Creek Ranch facilities (check all that apply):

- Pools (Emerald, Biscayne, Reflection and Diamond)
- Community Clubhouse (Paid rentals only)

I agree to take full responsibility for the actions of my tenants, the members of their household and their guests at all times, and will assume full responsibility to Shadow Creek Ranch Association of any costs incurred and/or unpaid by my tenant. I certify that my tenants have read and understood the pool rules, that all persons using the facilities agree to abide by such rules, and that any infractions of the rules may result in suspension of privileges to use Shadow Creek Ranch Association facilities for both my tenants and myself.

Absentee Owner Signature: _____ Date: ____/____/____
Absentee Owner Current Address: _____

Office Use:

Date Rec'd: ____/____/____

Owner Verified (FSR):

Notes: _____



SHADOW CREEK RANCH

POOL MEMBERSHIP APPLICATION - TENANT

IMPORTANT: An "Absentee Owner Statement-Facilities Use Agreement for Tenants" form must be on file or must accompany this application in order for pool privileges to be transferred from the OWNER to a TENANT. OWNER(S) MUST SIGN the Absentee Owner Statement and transfer their pool privileges before Tenants will be granted a pool membership. This application should be used for all members of the household. A household consists of all persons living in a dwelling, including college students, other non-resident children spending the swim season in Shadow Creek Ranch. In order to obtain membership passes, this form must be completed and either:

Emailed to Answers.TX@fsresidential.com or Mail/Drop off:
Shadow Creek Ranch • 12234 Shadow Creek Parkway • Suite 3112 • Pearland, TX 77584

TENANT CONTACT INFORMATION

Shadow Creek Ranch Address:

Primary Tenant Name:

Email:

Phone Number:

Cell:

Home:

Emergency Contact Number:

Cell:

Home:

TENANT MEMBERS OF HOUSEHOLD (use back if necessary)

Please LEGIBLY PRINT the names of ALL members who will receive a pass and the date of birth, cards allow four (4) people per pass. Passes will not be issued if acceptable proof of identity and address are not provided.

TENANT MEMBERS NAME(S)	RELATIONSHIP TO PRIMARY TENANT
	Primary Tenant

TENANT'S ACKNOWLEDGEMENTS

In consideration of the provided swimming pool facility privileges, the undersigned expressly agrees to assume the risk of any accident or personal injury which he/she or any member of his/her family or any guest of the undersigned may sustain while using the said facilities and agrees that the Shadow Creek Ranch Association, Inc. and/or Management Agent will in no way be liable for any such injury unless due to gross negligence on the part of the Association and/or Agent.

Tenant's Signature: _____ Date: _____

Office Use Only:

Date Rec'd: ____/____/____

Absentee Owner Statement on File

Notes: _____

Card # _____ FOB # _____

Completed (Paid, _____)