

SHADOW CREEK RANCH

12234 Shadow Creek Parkway, # 3112, Pearland, TX 77584

Help@shadowcreekranchhoa.com / 713.436.4563

www.ShadowCreekRanchHOA.com



OWNER / RESIDENT INFORMATION

OWNERS ARE REQUIRED TO PROVIDE THE ASSOCIATION WITH THE FOLLOWING INFORMATION WITHIN THIRTY (30) DAYS OF ACQUIRING AN INTEREST IN A PROPERTY.

Property Address:		Owner <input type="checkbox"/> Resident <input type="checkbox"/>	
Full Name:		Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/>	
Mailing Address:	City:	State:	ZIP:
Home Phone:	Mobile Phone:		
Work Phone:	Other:		
E-Mail Address:			

SPOUSE / OTHER RESIDENT INFORMATION

Name:	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/>
Business Phone:	Mobile Phone:
Email Address:	Other:
Amenity Card Number:	Amenity Card Number:
Amenity Card Issued on:	

I acknowledge that I have received a copy of the Shadow Creek Ranch HOA amenity rules and the Membership Access card noted herein. I understand that I am fully responsible for **ALL PERSONS** using this card key including, but not limited to, all association members, guests, and tenants. I agree to follow the guidelines set forth therein and as may be amended from time to time, and that failure to do so may result in a suspension or revocation of privileges to use the pool and/or recreational facilities, and further, that monetary fines may be imposed upon me as a result of any violation of the amenity rules. In the event that my amenity card is lost or stolen, I understand that I must notify SCR immediately to avoid possible charges to my account, and I will pay the **prevailing fee for the replacement of my card of One Hundred Dollars (\$100.00)**. I acknowledge that the fee may increase in the future. The lost or stolen card will be deactivated.

IN CONSIDERATION FOR BEING GRANTED POOL/RECREATIONAL FACILITIES ACCESS, I AGREE THAT THE USE OF ALL FACILITIES IS AT THE SOLE RISK OF THE USER. I FURTHER UNDERSTAND THAT THE USE OF ALL FACILITIES IS UNSUPERVISED AND THAT ACCIDENT, INJURY, OR DEATH MAY OCCUR AS A RESULT OF USE. I HEREBY AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS SHADOW CREEK RANCH AND FIRSTSERVICE RESIDENTIAL INCLUDING THEIR AGENTS, AND EMPLOYEES, FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, AND/OR LIABILITY ASSOCIATED WITH USE OF THE POOL AND/OR OTHER RECREATIONAL FACILITIES BY MYSELF, MY FAMILY MEMBERS, GUESTS, TENANTS, AND INVITEES.

Owner Signature: _____ Date: _____

Return this form to the address below:

SHADOW CREEK RANCH: 12234 Shadow Creek Pkwy Suite 3112 Pearland TX 77584

Email: help@shadowcreekranchhoa.com Phone: 713.436.4563

OFFICE USE

VERIFY ACCOUNT STATUS: _____

INDICATE CONNECT PROCESSED: _____ (Initial) PROCESSED BY: _____ (SCR ONLY)

PAYMENT INFORMATION (if applicable) _____ CLICK PAY REF # _____ DATE: _____