

**WELLINGTON SHORES ASSOCIATION, INC.
CLUBHOUSE RESERVATION FORM**

Date: _____ Lot #: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____ (WE WILL EMAIL CONFIRMATION)

Date of Reservation: _____ Start Time: _____ End Time: _____

Number of Anticipated Attendees (Includes Hosts and Chaperone): _____

**ADEQUATE SUPERVISION IS REQUIRED FOR CHILDREN OR TEEN PARTIES:
ONE OR TWO ADULTS FOR EACH 8 TO 10 CHILDREN IS REQUIRED**

Please briefly explain for what purpose you are going to be using the Clubhouse Social Room and Kitchen area. _____

(i.e., type of party, club meeting, etc.) If this reservation involves an organization, please list the full name of the organization and its primary purpose: _____

Will food and/or soft drinks be served at your function? (ALCOHOL IS PROHIBITED) _____

*Please note that this reservation is only for the social room and kitchen area. The pool and fitness center shall remain open for use by residents.

Rental Times and Fees:

Monday –Thursday **9:00 AM** or any part thereof until **10:00 PM*** is \$100.00 (Per Day/Night)

Friday – Saturday **9:00 AM** or any part thereof until **12:00 Midnight*** is \$150.00 (Per Day/Night)

Sunday **9:00 AM** or any part thereof until **10:00 PM*** is \$150.00 (Per Day/Night)

Extended hours may be requested and if permitted, ENVERA will be notified

\$400.00 Refundable Security Deposit is Required at Time of Reservation

**PLEASE WRITE SEPARATE CHECKS: (1) for Security Deposit (1) for Rental Fee
MAKE BOTH CHECKS PAYABLE TO "WELLINGTON SHORES ASSOCIATION, INC."**

I, _____, agree to all conditions of the Clubhouse Rules and Regulations and agree that my guests and I will abide by such. I agree to return the Clubhouse to a clean and neat manner. (See below**) And will pay a \$100.00 cleaning fee if I do not do so. I agree to compensate for any damage(s) incurred by my event or by participants of my event.

I, on behalf of myself and my family members, friends, guests, invitees, agents, heirs, devisees, successors, administrators, trustees and/or assignees, for good and valuable considerations, the receipt and sufficiency of which is hereby acknowledged, further agree to indemnify and hold harmless Wellington Shores Association, Inc., its officers, employees, agents, heirs, executors, administrators, successors, legal representatives, and assigns (Indemnitees) from and against any and all claims for liability, damages, losses, costs, expenses, judgments, and reasonable attorney fees against them for personal injury, including death, and property damage arising from or in any way related to the use of the Clubhouse, including but not limited to possible exposure to or illness related to COVID-19 (the Coronavirus) arising out of the use of the Clubhouse.

The Parties to this Waiver and Release hereby declare that they have read this Waiver and Release in its entirety, have received advice of counsel or have been provided with an opportunity to obtain advice of counsel and have been afforded the opportunity to consult experts, whether medical or otherwise, with respect thereto, and that each Party fully understands all terms of this Waiver and Release and voluntarily accepts such terms.

In making this Waiver and Release, no Party is relying on any representations (whether affirmative or negative, actual or implied, or spoken, written, or inferred from silence) made by the other Party or its representatives, agents, employees, or attorneys, except as such representations may be contained in this Waiver and Release and only to the extent that such representations are explicitly and affirmatively stated herein.

This Waiver and Release shall be binding upon and shall inure to the benefit of the parties hereto, their heirs, executors, administrators, successors, legal representatives, and assigns.

SIGNATURE: _____ Date: _____

****DO NOT ATTACH, FASTEN, STICK, PIN, GLUE OR TAPE ANYTHING TO THE WALLS, SHUTTERS, WINDOWS, AND/OR FURNITURE. FURNITURE MAY NOT BE REMOVED FROM SOCIAL ROOM W/O ASSOCIATION APPROVAL. ****

****PLACE ALL GARBAGE IN OUTSIDE GARBAGE CANS; REMOVE ALL DECORATIONS; CLEAN OFF ALL TABLES; SWEEP FLOOR IF NEEDED; CLEAN KITCHEN AND KITCHEN APPLIANCES****

Request Rec'd by: _____ Date received: _____

Approved: _____; Not Approved: _____ Reasons/Comment: _____

SUBMIT IN PERSON TWO (2) CHECKS AND REQUEST FORM TO:

**WELLINGTON SHORES ASSOCIATION, INC.
C/O GRS COMMUNITY MANAGEMENT
3900 Woodlake Blvd., Suite 309
Lake Worth, Florida 33463**

Office: 561-641-8554 Fax: 561-641-9448

Wellington Shores Association, Inc. Revised 11/10/2023

