

CREEKSIDE VILLAGE PROPERTY OWNERS ASSOCIATION, INC. PAVILION RESERVATION FORM

DATE REQUESTED:	EVENT DESCRIPTION:
EVENT TIMES:	EVENT ATTENDANCE (LIMITED TO 50 GUESTS*):
OWNER NAME:	UNIT ADDRESS:
OWNER PHONE:	OWNER EMAIL:
Will there be food catered at this event? If yes, ple	ase proved Food Service License of caterer.
Will there be other service providers such as face p	ainters, balloon artists, etc?
checks must clear in order to confirm this reselater than thirty days prior to the event.II. I acknowledge that I must present a One Hundrefor the specific date referenced above with the myself or any of my guests are reimbursable to form of certified funds no later that 10 busin remain unpaid, they may be applied to my Ow finance charges and legal fees.	wledge you have read them all. ust be made payable to Creekside Village Property Owners Association and that all ervation therefore payments must be made at the time of submitting this form and no Initial ed Dollar (\$100.00) deposit for the use of the pavilion or any portion of the park area is application in order for consideration. I understand that any damages caused by the Association and that any amount which exceeds the deposit must be paid in the ness days after receiving acknowledgement of such charges. Should those charges where account of the unit described above and are subject to late fees, collection fees, Initial on and twenty feet around the pavilion area. This is the area I am entitled to set up in
 and/or decorate. Other than this area, no other from the Association. All areas must be clear IV. Hours for renting the pavilion are Monday Monday through Sunday, 10:00 am to 6:00 Association presumes to use the park area or a maximum time usage of five (5) hours per eve V. I acknowledge that in order to reserve the para assessments are involved in any legal compliant VI. I acknowledge that attendance at this event is I performers, caterers, and all other service proshall be expressly approved by the board an number of anticipated guests. Events of this size 	part of the park is designated for this event unless I get expressed written permission ed immediately following the event. Initial
requesting this reservation must provide a curr as an additionally insured (See proper address	J, performers, caterers, etc.) must have a certified business license and the Owner rent Certificate of Insurance along with this application which names the Association below). The use of a service provider without proper submitting proper evidence of perty immediately without notice and the Association shall not be liable for any non Owner. Initial
VIII. I acknowledge there is to be no parking or c	riving on the grass. All deliveries may be transported form the parking paces to the
container with an open flame. There is to be behavior from guests or attendees. Owner on	Initial
	moved form the premises immediately following the even and not thrown into the
XII. I acknowledge there is to be no confetti, ric	Initial Initial RVED ON ASSOCIATION PROPERTY AT ANY TIME. Initial e, grain or other similar item used in the park area. There is no swimming or additives or decorations in the pond or pond area. sh fees will be apply if violated. Initial

PLEASE SIGN COVID WAIVER ON SECOND PAGE (must be included with this application to proceed with reservation)

16000 Barkers Point, Ste. 250, Houston, TX 77079 * 1-866-4-RealService (866-473-2573)* CREEKSVI@CiraMail.com

CREEKSIDE VILLAGE PROPERTY OWNERS ASSOCIATION, INC. Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic. It is extremely contagious and believed to be spread mainly through person-to-person contact. As a result, federal, state, and local governments as well as federal and state health agencies recommend social distancing and have, in many locations, limited or prohibited the congregation of groups of people.

CREEKSIDE VILLAGE PROPERTY OWNERS ASSOCIATION, INC. (the "Association") cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, visiting any of the Association's common areas such as the community pavilion, playground, and/or other facilities (if any, and collectively, the Association's "Common Areas") could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by visiting the Association's Common Areas and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand and acknowledge that the risk of becoming exposed to or infected by COVID-19 at the Association's Common Areas may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Association employees, volunteers, and other Association visitors and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)'s presence at the Association's Common Areas and facilities or participation in any programming at its facilities ("Claims"). In addition, I also agree that I will not knowingly allow me, my family, or my invitees to go the Association's pavilion, playground, or other Common Areas if we are sick, have a fever, suspect we have COVID-19, or know we have been exposed to COVID 19. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Association, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE ASSOCIATION, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER A COVID-19 INFECTION OCCURS BEFORE, DURING, OR AFTER VISITING THE ASSOCIATION'S COMMON AREAS OR PARTICIPATION IN ANY ASSOCIATION ACTIVITIES.

Signature	Signature
Print Name	Print Name
Address	Address
Date	Date