

**RESIDENT REGISTRATION**

Owner or Tenant Information		
Purchase Date (Owner)	Lease Duration (Tenant) <sup>1</sup>	Unit #
Full Name		
Mailing Address (for off-site owners)	Street Address	
	City, State, Zip	
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Cell Phone
<b>Check one (1) number above to use on telephone entry system.</b> (Needed to permit visitor and delivery service entry.)		
Parking Space (s) #	Storage Bin #	Email address (personal/preferred)

Other Occupant(s) Information			
Name	Phone number	Email address	Relationship

Name added to Resident Directory on Building Link  Yes  No

Resident Handbook delivery preference  Electronic  Hard Copy

Knolls News (community newsletter) delivery preference  None  Email  Hard Copy

Homeowners Insurance Policy (HO6) provided?  Yes  No

I request a copy of my unit key be added to the Knox Box.\*  Yes  No  
\*Owner must provide key to be included. See Handbook for more information.

I need help exiting the building in the event of an emergency.  Yes  No

Assigned Key fobs (See Office for fob numbers)

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HVAC Unit Model:  Trane  Krueger  Daikin  Mix

<sup>1</sup> Copy of lease must be provided.

Emergency Contact Information		
Name	Phone Number	Relationship to Owner / Tenant
Owner / Tenant Signature		Date

Automobile Information						
License Plate Number	State	Make	Model	Color	Year	Parking Space
License Plate Number	State	Make	Model	Color	Year	Parking Space
License Plate Number	State	Make	Model	Color	Year	Parking Space
Motorcycle Information						
License Plate Number	State	Make	Model	Color	Year	Parking Space
License Plate Number	State	Make	Model	Color	Year	Parking Space
Owner / Tenant Signature						Date

Package Acceptance	
<p>The undersigned unit owner/resident hereby authorizes the Office Management Staff at <b>Alexandria Knolls West Condominium</b> to accept, sign for and hold packages or deliveries addressed to the undersigned's apartment. The foregoing authorization does not include Registered or Certified Mail, which will <b>not</b> be accepted on the undersigned's behalf.</p> <p>The undersigned understands and agrees that this service is provided solely for his/her convenience and voluntarily assumes all risk associated therewith. The undersigned hereby releases, indemnifies and holds harmless the Alexandria Knolls West Condominium Homes Council of Owners, and its members, directors, officers, agents, contractors and employees, from and against any and all liability, costs, claims, losses, damages, injuries, proceedings, actions or causes of action directly or indirectly resulting from, or arising in connection with, this service, including, without limitation, loss, theft or damage with respect to any item delivered to, left with, or accepted by, the Office Management Staff.</p>	
Name	Signature

Pet Information <sup>2</sup> Maximum two pets per unit			
Pet # 1	Breed / Type	Male / Female	Registration Number / Date Vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Age	Name	Color	Height / Weight*
Pet # 2	Breed / Type	Male / Female	Registration Number / Date Vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Age	Name	Color	Height / Weight*
Deposit Received			
Amount (\$200 per dog; maximum of 2)		Staff signature / date	
I agree to abide by the pet ownership rules and regulations as described in the Alexandria Knolls West Resident Handbook.			
Owner / Tenant Signature			Date

\*Expected full grown weight. Maximum 2 pets per unit.

<sup>2</sup> City of Alexandria law requires proof of vaccination and registration of dogs.

**Fitness Center Usage Waiver**

I hereby represent and warrant that (i) I have read the Alexandria Knolls West Condominium Homes Council of Owners Fitness Center Rules ("Rules"); (ii) I shall comply with the Rules; (iii) I am familiar with the safe and proper use of the exercise equipment in the Fitness Center ("Fitness Center"); (iv) I will use all of the exercise equipment properly; (v) I am responsible for my personal conduct in the Fitness Center; and (vi) if I am Co-Owner of an apartment in the Alexandria Knolls West Condominium, I am responsible and liable for the conduct of the members of my household, tenants and guests when they are in the Fitness Center.

I acknowledge and agree that (i) the use of equipment and facilities in the Fitness Center is unsupervised; (ii) Alexandria Knolls West Condominium Homes Council of Owners ("Council") recommends that I consult with my physician and/or health care providers before starting an exercise program using the equipment and facilities in the Fitness Center and participating in any classes or activities in the Fitness Center; (iii) the improper use of equipment and facilities, which includes without limitation, my use of the equipment, showers, and sauna, and my participation in any activity, class, program, personal training, or other instruction now or in the future made available, can lead to injury, illness and/or death; and (iv) I am voluntarily using the Fitness Center at my own risk and assume all risks associated with the use of the Fitness Center.

To the fullest extent under Virginia law, I hereby release and forever discharge the Council, its directors, officers, employees, members, residents and agents, including its Community Manager/Managing Agent, for any claims, liabilities, injuries, damages to my person, direct or indirect, including but not limited to costs and attorney's fees, arising from, caused by, or the result of my use of the Fitness Center including any first aid, emergency treatment or any other services which may be rendered or failed to be rendered by released parties, emergency personnel or good Samaritans.

To the fullest extent under Virginia law, I acknowledge and agree that the Council is not responsible for any claims, liabilities or damage to or loss of any personal property for any reason whatsoever (including theft), direct or indirect, arising from or relating to my use of the Fitness Center, and I hereby release and forever discharge the Council, its directors, officers, employees, members, residents and agents for any claims, liabilities, injuries, damages to or for any personal property, including loss or theft of personal property.

I further agree that I am responsible and liable for any and all claims, liabilities, injuries, damages to persons or property, direct or indirect, including but not limited to costs or attorneys' fees, arising from, or as a result of my misuse, abuse, intentional or negligent use of the equipment and participation of activities in the Fitness Center. I hereby agree to indemnify and hold harmless the Council, its directors, officers, employees, members, residents and agents for any such claims and/or liabilities, injuries, damages to persons or property, including but not limited to, costs and attorneys' fees.

This Agreement is binding up on my heirs, beneficiaries, and successors in interest. I certify that I am 18 years or older.

**I certify that I am 18 years or older.<sup>3</sup>**

**I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS USE WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY.**

Resident	Printed Name	Signature	Date
1			
2			
3			

<sup>3</sup>Residents younger than 18 require completion of a different Fitness Waiver. See the Office for details.