

# AARPR YEARLY/6 MONTH GUEST RENEWAL APPLICATION

Please Print Clearly:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State      Apt#      Phone/Cell# \_\_\_\_\_

I wish to renew my yearly/6 month guest privileges at AARPR at this time and confirm all information on my original application is true & correct. By signing this document, I agree to abide by all terms & rules based on the original signed Guest Application. I acknowledge that by disregarding this, it could **result in the immediate termination of my guest privileges.**

\_\_\_\_\_(Initial) I will follow all terms & rules of original guest application

\_\_\_\_\_(Initial) I agree to all conditions of the **“Release and Hold Harmless Agreement”**

\_\_\_\_\_(Initial) I will follow all rules & instructions, both written & verbal by all authorized personnel.

**All persons present on AARPR do so at their own risk.**  
**As such AARPR, FODS2025, LLC, Alexander Family & Management Representatives assume NO liability for any deliberate, negligent or accidental incidents occurring on the AARPR property**

Guest Signature \_\_\_\_\_ Date \_\_\_\_\_

AARPR Authorized Signature \_\_\_\_\_

Donation Amount: \_\_\_\_\_ Guest Term \_\_\_\_\_

Type of Guest: Adult, Husband/Wife, Under 18, Senior, Armed Forces

