

Bay Port Colony Property Owners Association, Inc.

INSTRUCTIONS FOR BOATLIFT ACCESS DEVICE REGISTRATION

Please follow these instructions completely. Failure to comply with these instructions will cause rejection or delay in the issuance of boatlift access devices. Your careful compliance will allow us to do it right the first time.

1. Only current dues paying members of the Bay Port Colony Property Owners Association who are residents of the Villages of Bayport, Cortland Properties, North Bay Village Condominiums, Colony Bay Condominiums, and San Marino Bay Condominiums are authorized to register their boat and to receive boatlift access devices. Qualified households may receive one (1) boatlift access device per household.
2. The attached Boatlift Rules and Regulations Agreement form must be completed, signed and returned for an initial access device request. A \$15 access device deposit, payable by check or money order only, must be attached and made payable to **Bay Port Colony Property Owners Association, Inc.** There is a \$100 deposit for replacement access devices.
3. Applicants must also attach to the Agreement form a copy of their boat registration and current insurance policy or certificate.
4. The completed Agreement form, along with copy of registration, insurance certificate and check should be mailed to Bay Port Colony, 4131 Gunn Highway, Tampa, FL 33618.
5. All applicants will be given and should retain a copy of the Boatlift and Waterways Rules and Regulations and Boatlift Operating Instructions for their records.
6. All boats must be registered annually and shall have the numbered registration sticker affixed to the port side windshield of boat.

Please email the Director of Waterways at waterways@villagesofbayporthoa.com if you have questions or require additional information.

Bay Port Colony Property Owners Association, Inc.

BOATLIFT RULES AND REGULATIONS AGREEMENT

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Cell:** _____

Email: _____

Boat Registration/Hull: _____

Boat Insurance Company: _____

Policy Number: _____ **Expiration Date:** _____

Boat Manufacturer: _____

Boat Name: _____ **Length:** _____

DEVICE DEPOSIT DUE: \$15 **ACCESS DEVICE #:** _____

I acknowledge that I have read and agree to abide by the Bay Port Colony Boatlift Operating Instructions and the Bay Port Property Owners Association (BPCPOA) Rules and Regulations governing the use of boats in waterways. Should my family, my guest or I violate any of these rules, I will be subjected to a \$50 penalty assessment per occurrence, due and payable to the BPCPOA, and I understand that my right to use the Boatlift may be suspended.

I shall reimburse BPCPOA for and indemnify and save BPCPOA harmless from any and all liability, loss, damage, expense, causes of action, suits, claims or judgments including, but not limited to, attorney's fees and costs arising from death, injury to person or property, whether mine, my guest(s), or family(s), BPCPOA(s) or any third party(s), resulting from or based upon negligent use or operation of the boatlift by myself, members of my family, or my guests; and shall, at my own cost and expense defend any and all claims or suits which may be brought against BPCPOA, as members, officers, agents, and assigns.

I certify that the vessel is valid and insured and such insurance will remain valid and current at all times while the vessel remains upon BPCPOA property or easement.

I acknowledge that all members of my household and guests are likewise bound by the above acknowledgements and indemnities and that I am personally liable for their actions.

I acknowledge responsibility for registering my boat annually, for returning the above numbered boatlift access device issued to me, and I understand that I am liable for any damage arising out of the usage of the numbered boatlift access device issued to me until said access device is returned to the BPCPOA. I also acknowledge responsibility for a \$100 access device replacement fee in addition to a deposit required to replace lost access devices and understand that deposits on lost access devices are forfeited.

I agree to return the access device within forty-eight (48) hours upon written demand and notification of any violation of any of the Rules, Regulations and Instructions; said written demand to be made via U.S. Regular Mail or via hand delivery to the address set forth herein above. I acknowledge that the above information is true and if any above information changes, I will notify BPCPOA of the changes within ten (10) days.

Homeowner's Signature

Date

This application may require personal identifying information. To the extent you are providing personal identifying information to the Association herein, unless you make arrangements in writing with the Association otherwise, you are giving express consent to the Association to disseminate such information to third parties, including other members, without further consent.