LAMORADA
NAPLES

NEW OWNER FORMS



PLEASE RETURN ALL FORMS

AT LEAST 7 DAYS PRIOR TO CLOSING

WWW.CLUBLAMORADA.COM

UPDATED 01/2022

CHECKLIST

New Owner Forms That Need Returned Prior To Closing:

- ☐ Resident Communication Authorization Form
- ☐ Envera Gate Access Form
- ☐ Resident Access Card Request Form and Waiver
- ☐ Club LaMorada Credit Card Authorization Form
- ☐ LaMorada Photo Release Form/ Household Member Informational Sheet
- ☐ All About Me! Form

If forms are not returned prior to your closing date, we will not have time to get all your information in the system and have your welcome packet ready for you. The welcome packet will contain your gate access stickers, amenities center access FOBs, Club LaMorada account number.

Forms can be scanned and emailed to: lamorada@kwpmc.com

Or you can return them to the admin office in the Amenities Center at LaMorada.



RESIDENT COMMUNICATION AUTHORIZATION

Name: _____

Co-Owners Name: _____

Phone Number (primary) _____ (co-owner) _____

LaMorada Address: _____

Alternate Address: _____

Do you live at LaMorada full time? ☐ Yes ☐ No

Where do you want your mail to be sent? ☐Property ☐Alternate

Closing Date: _____

☐ Yes, I would like to receive email communications form the Community

(i.e. quarterly statement, meeting notices, upcoming events)

Email Address (primary) _____

Email Address (co-owner) _____

DIRECTORY AUTHORIZATION

I/We give permission for the use of the following information in the Association Directory:

☐ LaMorada Address ☐ Alternate Address ☐ Email ☐ Phone Numbers

Emergency Contact Name: _____ Phone: _____

Signature: _____ Date: _____

GATE ACCESS/ENVERA SYSTEMS

ENVERA
NEXT GENERATION SECURITY

Resident Registration Form

☐ New ☐ Update ☐ Delete

Community Name: _____

Owner / Tenant Name: _____ ☐ Owner ☐ Tenant

Owner / Tenant Name: _____ ☐ Owner ☐ Tenant

Rental Term: **Start Date:** _____ **End Date:** _____

Primary Phone: _____ **Alternate Phone:** _____

Community Street Address: _____

Email Address: _____

Vehicle Information:

Make	Model	State	Plate Number

Gated Communities with an Envera Virtual Gate Guard Kiosk:

Once your form has been processed, a MyEnvera account will be created for you. Your username and password will then be emailed (if provided) or mailed to you. It is required for you to access your account online at www.myenvera.com or through our Smartphone App (available on both Android and iPhone). The Help section will explain the essentials of the system and how you may interact with it. In addition to MyEnvera, you may also schedule guests over the phone by calling Customer Service at (877) 936-8372.

With the information below, Envera will enter your initial visitor list for you, or you may enter it on your own on your MyEnvera account. This list should be used for any and all relatives, house guests or service providers that you expect on a regular basis. Please provide a first & last name or company name in the spaces below.

Permanent Visitor/Vendor List:

The information above will remain confidential and will be used solely for the purpose stated. It is the responsibility of the resident to keep the above information current. Please advise us with any changes, additions or deletions by logging on to your account at www.myenvera.com, or by calling our office (877) 936-8372, by fax (941) 556-0737, or by emailing customerservice@enverasystems.com.

FOR ENVERA USE ONLY: Credential Type: (F)ob (S)ticker (C)ard (MT)Metal Tag

#1 ( ) #2 ( ) #3 ( ) #4 ( )

RESIDENT ACCESS FOB REQUEST FORM

Prior to an Amenities center FOB being issued, all contact Information must be up to date. Please complete all the information below and sign the waiver release.

All Amenities Center Rules and Regulations are in effect during access times. Please note there will be a $30 fee for lost, stolen, or additional requested FOBs.

Guests are not permitted to use the Fitness Studio/Pool area unless accompanied by a member or issued a guest pass.

Date: _____ Phone Number: _____

Name(s): _____

LaMorada Address: _____

☐ Resident ☐ Tenant ☐ Guest

Landlords Name (if tenant):_____

WAIVER AND RELEASE OF LIABILITY

In consideration for the use of the Amenities Center facilities, I fully understand and acknowledge that (a) risks and dangers exist in my use of the Amenities Center facilities and my participation in the Amenities Center activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; including which may occur to my guests and family members, (c) these risks and dangers may be caused by the negligence of the owners, employees , officers or agents of Amenities Center facilities. I hereby assume all risks and dangers and all responsibilities for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct or the owners, agents, officers, or employees of the Amenities Center facilities or by another other person for myself, my quests and family members.

I, on behalf of myself my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Amenities Center facilities and its owners, affiliates, agents, officers, and employees from any and all claims, suits or causes of action for bodily injury , properly damage, wrongful death, loss of services or otherwise which may arise out of my use and my guests or family member's use of the Amenities Center facilities or participation in any activities. I specifically understand that l am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by Amenities Center facilities and its owners, agents, officers, or employees.

I, ON BEHALF MYSELF, GUESTS, AND ANY MINOR CHILDREN FOR WHOM I AM A PARENT, GRANDPARENT, LEGAL GUARDIAN OR OTHERWISE RESPONSIBLE, HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY. I UNDERSTAND THAT, BY SIGNING THIS DOCUMENT, I MAY BE WAIVING VALUABLE LEGAL RJGHTS. I ACKNOWLEDGE AND SWEAR THAT I HAVE REACHED THE AGE OF MATURITY AND, THEREFORE, AM ABLE TO ENTER INTO THIS RELEASE, I HAVE READ AND UNDERSTOOD THE ABOVE AND I HEREBY EXECUTE SUCH DOCUMENT ON:

Print Name: _____

Signature: _____ Date: _____

To have an active Club LaMorada account you will need to fill out the Credit/Debit Card Authorization Form & continue to have a valid credit card on file.

Your Club LaMorada account is where The Oasis Pool Side Dining charges, event charges and admin charges are billed to each month. The statements are emailed by the 5th of each month to the email address associated with your Club LaMorada profile.

OWNER/TENANT CREDIT/DEBIT CARD AUTHORIZATION FORM

I hereby authorize LaMorada at Naples Master to charge my listed credit card for the MONTHLY charges I have incurred at the Club (this is a separate charge from the HOA payments that the homeowner is to set-up on their own.) I also understand that my card will be charged the full amount owed to the Club at LaMorada at Naples Master at the end of every month. It is my responsibility to inform the office if my credit card is cancelled or expired and unable to accept the charges posted to it. I understand that I must update the office with new expiration dates in order to avoid a $25.00 charge per incident for returned debits on my credit card account.

Please begin automatic charge effective: _____

Member Name: _____

Member Number: _____

Member Telephone Number: _____

Member Email Address: _____

Signature: _____

Administrative Use Only

Date Received: _____/_____/_____ Date Entered: _____/_____/_____

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Please enter the card information below:

Card Type: Circle Below

Visa MasterCard American Express Discover Card

Credit Card # _____

Expiration Date: _____ C V V # _____

Name as it appears on card: _____

Billing Address: _____

_____

Owner's Signature: _____

Please note that once the card information has been entered into our secure database this page will be shredded.

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CONSENT & AUTHORIZATION FOR PHOTO RELEASE

I understand and agree that I may be photographed at all:
LAMORADA AT NAPLES MASTER ASSOCIATION EVENTS I attend, and I agree to allow any photo, video, or films related to the applicable event to be used on the owner website, weekly updates, PowerPoint presentations or monthly newsletters. I hereby waive any right to inspect or approve the finished photograph or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied. This Consent and Authorization shall be governed by the laws of the State of Florida.

I have read the foregoing Consent and Authorization for Photo Release before affixing my signature below, and warrant that I fully understand the contents thereof and agree to be bound by the terms set forth above.

Print Name: _____

Owner's Signature: _____ Date: _____

HOUSEHOLD MEMBER INFO

This information will be used to help assist us in planning events for the children.

Will there be children living in the home? ☐ Yes ☐ No

Name	Age	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will there be any pets living in the home (maximum of 2 pets allowed)? ☐ Yes ☐ No

Name	Breed	Gender
_____	_____	_____
_____	_____	_____

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ALL ABOUT ME! FORM

This form will help our activities coordinator when planning community events to understand what the owners are interested in.

Name: _____

Address: _____

When is Your Birthday:

Month: _____ **Day:** _____

Favorite food: _____

Favorite hobbies: _____

Favorite candy: _____

Favorite type of music: _____

What type of Social Events would you like to see at the Club:

_____

_____

_____