

**PORT ANNE OWNER GUEST ROOM RENTAL FORM
(Attachment 2)**

Date request submitted: _____
Date(s) for the room reservation: _____
Number of Room(s): _____
Name of homeowner reserving the room:

The Guest Room rental rate is \$45 per room per night. Daily maid service is not provided. Unless special arrangements are made, check-in is at 4:00 PM and check-out is by 12:00 PM.

Guest rooms will be accessed through the back stairway (accessed through a solid entry door on the side of the building). The Property manager will provide the side entry door and room access codes to the renting homeowner.

Guests utilizing the guest rooms are advised that the Port Anne Homeowner's Association ("the Association") may be required to enter the room(s) to make inspections or repairs with 24 hours' notice. Emergency access to the guest room(s) without notice will be granted to the Association if the nature of the situation requires immediate action to protect the loss of property.

Fire doors shall be kept closed at all times. Outside doors must not be propped open and kept locked when not in use. Guests shall not admit anyone other than those listed on this form.

NO SMOKING: The Port Anne Clubhouse interior and the exterior area within 25 feet of the Clubhouse; the enclosed pool deck; the tennis court; and the parking lot are non-smoking areas. The use of cigarettes, cigars, pipes, other tobacco products; e-cigarettes; vaping; etc. is expressly prohibited.

The guest room fee is for the rental of the assigned guest room and does not include the use of the kitchen or any portion of the clubrooms. Room guests need to be accompanied to the pool by the sponsoring homeowner.

I do, hereby acknowledge that I have read and understand the Clubhouse Rules & Procedures, do agree to observe and enforce all rules and regulations governing the use of PAOA property and facilities and that any and all rental deposits required may be forfeited for failure to adhere to the rules and regulations as well as charges to my account should damage be done to the facilities by the guests.

I do further agree to protect, indemnify and hold harmless the PAOA, its officers and employees, from any and all claims liabilities, damages or rights of actions, direct or indirectly, growing out of the use of these premises.

I do further acknowledge that the right of the Applicant to use the property and facilities as aforesaid may be revoked at any time for a violation by the applicant, its agents, independent contractors, guests or invitees of any rules, regulation or policy governing the use of PAOA property.

_____/_____/_____
Lessee's Signature Lessee's Printed Name Date
(Homeowner's Signature)

Name, telephone number of the guest(s) staying in the reserved room(s):
