*A dependent is a child that is currently listed on the Owner's Account (we follow the IRS's definition of dependency). ** See back of this form for more information concerning dependents using the Resort

| DATE: | |
|---|---|
| OWNER NAME: | |
| OWNER ACCOUNT #: | |
| PHONE #(S) WHERE MEMBER CAN BE REACHED #: | |
| NAME OF DEPENDENT (S) AND THEIR BIRTH DATE: | |
| IF THE DEPENDENT IS UNDER THE AGE OF 18, THE NAM picture ID as proof of age at the time of check-in.) | |
| DATES OF STAY: | |
| LOCATION WHERE THEY ARE STAYING: | |
| LIST OF ALL GUESTS AND THEIR AGES (NO MORE THA | N 10 PER MONTH) |
| | |
| I, | IDENTIAL RESORTS FROM ANY |
| WARNING: Under Virginia law, there is no liability for an inproject activity conducted at this location if such injury or deproject activity. Inherent risks of project activities include, an equipment, and animals, as well as the potential for you to act to your injury or death. You are assuming the risk of participation. | eath results from the inherent risks of the mong others, risks of injury inherent to land, ct in a negligent manner that may contribute |
| SIGNATURE: | DATE: |
| NOTARY State of County of This instrument was acknowledged before me in the jurisdiction This day of 20 by My commission expires Notary Public State Certificate # | afore said |

GUIDELINES FOR DEPENDENTS ENTERING RESORT

Per section1, E-6

All dependents **17 and under** must be with a designated person at least 18 years old **FOR DAY USAGE & FOR OVERNIGHT USAGE**. The chaperone is to have a **NOTARIZED LETTER** from the owner that includes:

- 1) Owner's name
- 2) Account number
- 3) Address
- 4) Contract phone numbers
- 5) Name & birth dates of dependent(s)
- 6) Name of Chaperon
- 7) Dates of Stay
- 8) Names of any guest(s)
- * The chaperone also must produce a picture ID for verification.

Overnight Notarized Letters are only valid for the one stay.

All dependents **18 & over** coming on the property for the **DAY ONLY WITHOUT GUESTS** -need to have a letter from the owner that includes:

- 1) Owner's name
- 2) Account number
- 3) Address
- 4) Contact phone numbers
- 5) Name & birth dates of dependent(s)

Letters for Day usage are valid for Calendar year. (January 1 to December 31)

All dependents **18 & over** coming on the property for the **DAY ONLY WITH GUESTS** need to have a **NOTARIZED LETTER** from the owner that includes:

- 1) Owner's name
- 2) Account number
- 3) Address
- 4) Contact phone numbers
- 5) Name & birth dates of dependent(s)
- 6) Names of any guest(s)
- * The guests also must produce a picture ID for verification.

Overnight Notarized Letters are only valid for the one stay.

DAY USAGE LETTER FOR DEPENDENTS

*A dependent is a child that is currently listed on the Owner's Account (we follow the IRS's definition of dependency). ** See back of this form for more information concerning dependents using the Resort DATE: OWNER NAME: _____ OWNER ACCOUNT #: _____ PHONE #(S) WHERE MEMBER CAN BE REACHED #: NAME OF DEPENDENT (S) AND THEIR BIRTH DATE: IF THE DEPENDENT IS UNDER THE AGE OF 18, THE NAME OF THEIR CHAPERON (They must have a picture ID as proof of age at the time of check-in.) LIST OF ALL GUESTS AND THEIR AGES (NO MORE THAN 10 PER MONTH) _____ AS A MEMBER OF WILDERNESS PRESIDENTIAL RESORTS, RELEASE WILDERNESS PRESIDENTIAL RESORTS FROM ANY LIABILITY. I FULLY ACCEPT ALL RESPONSIBILITY OF MY DEPENDENTS AND THEIR GUESTS. I ALSO UNDERSTAND THAT THIS LETTER IS VALID FOR A MAXIMUM ONE FULL YEAR FROM THE DATE I SIGNED. WARNING: Under Virginia law, there is no liability for an injury to or death of a participant in a project activity conducted at this location if such injury or death results from the inherent risks of the project activity. Inherent risks of project activities include, among others, risks of injury inherent to land, equipment, and animals, as well as the potential for you to act in a negligent manner that may contribute to your injury or death. You are assuming the risk of participating in this project activity. SIGNATURE: _____ DATE: _____ **NOTARY**
 State of _______
 County of ______
 This instrument was acknowledged before me in the jurisdiction afore said This _____ day of _____ 20 ___ by ____ My commission expires ______Notary Public _____ *State Certificate #* ______