

BIRCH CREEK FOREST PROPERTIES, INC
202 BIRCH FOREST DRIVE
SOMERVILLE, TX 77879
revised 4/5/2017

BCFPI'S TRASH & DUMP USE AGREEMENT

INDEMNITY

CARD KEY # _____

SEC. _____ BLOCK _____ LOT _____

PROPERTY OWNER

INDEMNITY AGREEMENT TO BIRCH CREEK FOREST PROPERTIES, INC.

STATE OF TEXAS
COUNTY OF BURLESON

I, THE UNDERSIGNED MEMBER OF THE BIRCH CREEK FOREST PROPERTY OWNERS ASSOCIATION, FOR AND IN CONSIDERATION OF THE USE OF THE ASSOCIATION'S TRASH AND DUMP AREA BY MYSELF, MY FAMILY MEMBERS, AND MY GUESTS, DO HEREBY AGREE TO INDEMNIFY AND **HOLD** THE BIRCH CREEK FOREST PROPERTY OWNERS ASSOCIATION, ITS DIRECTORS, ITS OFFICERS, AND OTHER MEMBER **HARMLESS** FROM ANY AND ALL CLAIMS, CAUSES OF ACTION, AND/OR DAMAGES WHICH MIGHT BE PURSUED AGAINST OR SUFFERED BY THE ASSOCIATION, ITS DIRECTORS, ITS OFFICERS, OR OTHER MEMBERS FOR ANY ACCIDENT OR INJURY SUFFERED BY MYSELF, ANY OF MY FAMILY MEMBERS, OR MY GUESTS IN THEIR USE OF THE TRASH AND DUMP AREA, REGARDLESS WHETHER THE LOSS OR DAMAGE IS CAUSED BY EQUIPMENT MALFUNCTION, UTILITY INTERRUPTION OR ANY OTHER CAUSE.

FURTHERMORE, ON BEHALF OF MYSELF, MY FAMILY MEMBERS, AND MY GUESTS, I AGREE THAT B.C.F.P.I. HAS MADE NO REPRESENTATIONS OF SAFETY OR SECURITY FOR OUR USE OF THIS AREA.

ADDITIONALLY, I AGREE THAT, IN ORDER TO USE THIS AREA, I WILL BE REQUIRED TO PAY MY YEARLY MAINTENANCE FEES WHEN DUE AND AVOID ABUSING THE EQUIPMENT OR DISREGARDING THE RULES GOVERNING THE TRASH AND DUMP AREA, AND I UNDERSTAND THAT MY CARD KEY MAY BE DEACTIVATED IF I FAIL TO COMPLY WITH THESE REQUIREMENTS.

I UNDERSTAND AND AGREE THAT SHOULD I SELL MY PROPERTY AT BIRCH CREEK FOREST, IT WILL BE MY RESPONSIBILITY TO ENSURE THAT THE NEW OWNER IS MADE AWARE OF THIS INDEMNIFICATION.

I UNDERSTAND THAT BIRCH CREEK FOREST PROPERTIES, INC. DOES NOT CARRY A GENERAL LIABILITY POLICY.

BY SIGNING THIS AGREEMENT, I UNDERSTAND THAT THE USE FEE IS A **ONE TIME ONLY** FEE BUT THAT THE AGREEMENT'S CONDITIONS, SPELLED OUT HEREIN, WILL CONTINUE EVERY YEAR UNTIL I AM NO LONGER A MEMBER OF BIRCH CREEK FOREST OR UNTIL B.C.F..P.I. REVISES THE AGREEMENT.

SIGNED THIS _____ DAY OF _____, 20____

DR. LICENSE NO. _____

SIGNATURE

TELEPHONE # _____

\$25.00 **ONE TIME ONLY** FEE PAID BY
CHECK # _____ OR CASH

APPROVED THIS AGREEMENT AND RECEIVED THE PAYMENT.