



WATERGATE AT LANDMARK
CONDOMINIUM UNIT OWNERS ASSOCIATION

211 Yoakum Parkway, Alexandria, Virginia 22304
www.watergateatlandmark.com
703-370-7000

ROOFTOP TERRACE - USER AUTHORIZATION

I/We, the primarily responsible resident(s) of Unit Number _____ (“Unit”) in Watergate at Landmark, confirm that the following individuals residing in the Unit (“Users”) are authorized to access the Association Rooftop Observatory Decks (“Rooftops”) *without me/us being present*:

AUTHORIZED UNIT RESIDENT USERS:

_____	_____
Print Full Name of Authorized User	Print Full Name of Authorized User
_____	_____
Print Full Name of Authorized User	Print Full Name of Authorized User

I/WE, ALSO UNDERSTAND AND ACKNOWLEDGE THAT:

- Users and User guests of the Rooftops must abide by pertinent Rules and Regulations.
- I/We, as the primarily responsible resident(s) of the Unit, shall be fully liable for any and all injuries, damages, causes of action, claims or obligations arising out of or related to my/our use or the Users’ and User guests’ use of the Rooftops.
- I/We are solely responsible for any harm caused by me/us or the Users or User guests to the common elements or any other property.
- I/We hereby waive, hold harmless, indemnify, release and forever discharge the Association, the Association Board of Directors, members, residents, employees and agents of and from all manner of action and actions, causes and causes of action, suits, damages, claims or obligations arising out of, or related to, or resulting from my/our or the Users’ use or User guests’ use of the Rooftops.
- I/We shall be strictly responsible for actions of the Users or User guests while using the Rooftop.

Please Complete, Sign and Date Below.

_____	_____
Print Full Name of Resident	Print Full Name of Resident
_____	_____
Signature of Resident	Signature of Resident
_____	_____
Date	Date