Waiver and Acknowledgment Form for Level 6 Podium Garden Access

Resident Information:

- Name: _____

- Apartment Number: _____

- Contact Number: _____

Terms and Conditions for Podium Garden Access:

By signing this waiver, I acknowledge and agree to the following terms and conditions regarding the use of the podium garden located on Level 6 of Moru House:

1. **Waiver Completion:**

    o Understand that access to the podium garden is contingent upon the completion of this waiver.

2. **Access Procedure:**

    o Acknowledge that a designated fob must be signed out with the concierge to access the podium garden. Standard resident fobs will not permit access.

    o I agree to sign the fob back in with the concierge after use.

3. **Operating Hours:**

    o The podium garden will be used during the designated operating hours of 8:00 AM to 10:00 PM. Access outside of these hours is strictly prohibited. (note that times can be changed and notice given to residents)

4. **Rules of Conduct:**

    o I will maintain a respectful noise level, recognising that the access route passes through residential areas.

    o I will not engage in the following prohibited activities within the podium garden:

        ▪ Smoking

        ▪ Use of barbecues

        ▪ Ball games

- Excessive Loud Music
- Pets foul

  o Children under the age of 16 must be always supervised by an adult while in the podium garden.

5. **Compliance:**

  o I understand that failure to comply with any of these guidelines may result in the revocation of my access privileges to the podium garden.

Acknowledgment:

By signing below, I confirm that I have read, understood, and agreed to the rules, regulations, and conditions outlined in this waiver. I acknowledge that my access to the podium garden is a privilege contingent upon my adherence to these terms.

Resident Signature: _____

Date: _____

For Concierge Use Only:

- Waiver Received By: _____

- Date: _____

- Fob Issued (Yes/No): _____

- Fob Number: _____

- Fob Returned (Yes/No): _____

- Comments:
  _____