

**PACKAGE CLAIM
AUTHORIZATION FORM**

I understand that the use of the WCA package pick up service is optional and is available to all registered residents of Watergate. By affixation of my signature below, I do hereby release, hold harmless and indemnify the Watergate Community Association and it's employees against any and all claims in connection with this service. I understand that the Watergate Community Association assumes no liability by providing this service.

I, _____, resident of Unit No. _____

hereby authorize the following person(s),

resident(s) of Unit No. _____, to pick up packages addressed to me.

I, _____, resident of Unit No. _____,

claim legal guardianship for the following dependents:

_____;

I claim responsibility for packages addressed to the above listed persons.

In making this written request we agree to take no legal action against WCA and/or its agents, employees and Board members as a result of the WCA complying with this request to allow and authorize package pick up by the person(s) listed above.

This authorization shall remain in force until revoked in writing, and said revocation has been delivered to the Clipper Club office, located at 5 Captain Drive, Emeryville, CA 94608.

Signature: _____

Date: _____
