

Gables Estates Club Inc.

7550 SW 57TH Avenue suite 204, South Miami, FL 33143 Office:305-667-9031

Fax: 305-667-9032



AUTHORIZATION AND RELEASE TO CONDUCT BACKGROUND INVESTIGATION

I (We) hereby authorize Gables Estates Club, Inc., its agents, officers, directors, staff, or private investigators, to make inquiries, either by written communication, telephone, computer, in person or otherwise, to any current or former employer, creditor, bank, governmental agency, educational institution, military establishment, relative or any other person(s) or entity (ices) knowledgeable of my (our) background as to my (our) prior history, without limitation, my (our):

- Criminal history, or personal background;
- Corporate directorship/ownership, interest in business(es), nature of business of business dealings;
- Prior claims, lawsuits, settlements;
- Educational background, work experience, nature of duties, income/expenses, performance levels;
- Assets, including but not limited to bank accounts, securities and other investments;
- Reliability, responsibility, honesty, integrity, civility, and any other measures of my (our) character or personality.

In consideration of the furnishing of any such information by any party contacted by or on behalf of Gables Estates Club, Inc., I (We) specifically waive any confidential relationship or privacy right which may exist for my (our) benefit and completely release Gables Estates Club, Inc., and the party(ices) contacted from any responsibility or liability for damages or other injuries which may occur as a result of the release or disclosure of this information.

I (We) agree to indemnify and hold harmless anyone involved with the conduction of this investigation of my (our) background from any and all liabilities or claims in connection therewith.

A photostatic, faxed or any other copy of this instrument bearing my signature shall be equally legally valid as the original.

Purchaser/s

Spouse

Printed Name: _____

Social Security Number*: _____

Signature: _____

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Date: _____

*Passport Number may be used if no Social Security Number exists.

A copy of this release must be executed by the purchaser and the purchaser's spouse, if any.

STATE OF FLORIDA)
):SS
COUNTY OF DADE)

The foregoing instrument was acknowledged before this _____ day of _____, 200__ by _____ and _____, who is (are) personally known to me or _____ who has (have) produced _____ as identification.

Notary Public, STATE OF FLORIDA

Print Name: _____

My Commission Expires: