BLACKHAWK
PARK • LAKESIDE • RETREAT

Homeowner Amenity Access Waiver

Application to Use Pool/Recreational Facilities and Release of Liability

Owner Name: _____ Email: _____

Co-Owner Name: _____ Email: _____

Home Address: _____

Owner Phone: Home: _____ Work: _____ Cell: _____

Co-Owner Phone: Home: _____ Work: _____ Cell: _____

List all members in household, both minors and adults. This is required for pool use.

1. _____ DOB: _____
2. _____ DOB: _____
3. _____ DOB: _____
4. _____ DOB: _____
5. _____ DOB: _____
6. _____ DOB: _____
7. _____ DOB: _____
8. _____ DOB: _____

By accessing the pool and recreational facilities, I acknowledge and accept that their use is solely at my own risk. I understand that the facilities are unsupervised, and accidents, injuries, or even death may occur. I hereby agree to protect, reimburse, and release the association, its agents, and employees from any claims, demands, legal actions, or liabilities arising from the use of the pool or other facilities by myself, my family members, guests, tenants, or invitees.

The undersigned has read and will comply with all posted and stated rules.

Signatures: _____ Date: _____

_____ _____

Please return this form, in Person with photo ID and proof of address to the Carries Ranch Recreation Center, located at 21100 Carries Ranch Rd.

Replacement Cards: $25.00

FOR OFFICE USE ONLY
Account Paid?: _____
Card # _____
Extra Card # _____
Date Issued: _____
PBH Gate Input: _____
Confirm Verified: _____