BLACKHAWK
PARK • LAKESIDE • RETREAT

Tenant Amenity Access Waiver

Application to Use Pool/Recreational Facilities and Release of Liability

Homeowner Name: _____ Email: _____

Home Address: _____

Homeowner Phone: Home: _____ Work: _____ Cell: _____

Tenant(s) Name: _____ Email: _____

Tenant Phone: Home: _____ Work: _____ Cell: _____

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

5. _____	DOB: _____	5. _____	DOB: _____
6. _____	DOB: _____	6. _____	DOB: _____
7. _____	DOB: _____	7. _____	DOB: _____
8. _____	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.

Homeowner Signature: _____ Date: _____

Tenant Signature: _____ Date: _____

*** Please email a copy of the lease agreement to Blackhawkoffice@goodwintx.com when returning the form ****

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: _____
Lease Received? _____