

**PARK AT BLACKHAWK AND LAKESIDE HOMEOWNERS ASSOCIATION**

**c/o GOODWIN MANAGEMENT, INC.**

**11149 Research Blvd., Suite 100, Austin, TX 78759-5227**

**office (512) 670-9704 fax (512) 670-9707**

**[www.parklakesidehoa.com](http://www.parklakesidehoa.com) or <http://pbh.goodwintx.com>**

**Application to Use Pool/Recreational Facilities and Release of Liability**

**(Please Print)**

Print Name: \_\_\_\_\_ (Head of Household) \_\_\_\_\_ (Email address)  
\_\_\_\_\_ (Spouse or Co-owner) \_\_\_\_\_ (Email address)

Home Address: \_\_\_\_\_

Phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_  
(Spouse or Co-owner) work \_\_\_\_\_ cell \_\_\_\_\_

List all minors in household (required for pool use)

- 1. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (D.O.B)
- 2. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (D.O.B)
- 3. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (D.O.B)
- 4. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (D.O.B)
- 5. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (D.O.B)
- 6. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (D.O.B)
- 7. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (D.O.B)
- 8. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (D.O.B)

**In consideration for being granted pool/recreational facilities access, I agree that the use of all facilities is at the sole risk of the user. I further understand that the use of all facilities is unsupervised and that accident, injury, or death may occur as a result of use. I hereby agree to defend, indemnify, and hold harmless the association, its agents, and employees from and against any and all claims, demands, causes of action, and/or liability associated with use of pool or other recreational facilities by myself, my family members, guests, tenants, and invitees.**

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

Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
**IF LEASING HOME**, tenants must sign waiver below: **TENANTS WILL BE SUBJECT TO ALL RULES.**

Tenant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**PLEASE BRING THIS FORM IN PERSON WITH PICTURE ID AND PROOF OF ADDRESS TO:**

**BLACKHAWK AMENITY CENTER**  
3111 Speidel Drive  
Pflugerville, TX 78660  
Office: (512)670-9704

REPLACEMENT CARDS \$25.00

Revised 4/17/10

**FOR OFFICE USE ONLY**

Account Paid? \_\_\_\_\_  
Card # \_\_\_\_\_  
Extra Card #? \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Yardi Input \_\_\_\_\_  
MOB Gate Input \_\_\_\_\_  
PBH Gate Input \_\_\_\_\_