

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:	Home:		Work:		Cell:	
List all minors in h	ousehold (require	ed for pool use)			
1.		DOB:		5.		DOB:
2.		DOB:		6.		DOB:
3.		DOB:		7.		DOB:
4.		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:

If home is leased, tenants must sign the waiver below, indicating their agreement to comply with all rules.

Signature:

Print:

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.**

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

Replacement Cards: \$25.00

