
POOL WAIVER – RELEASE OF LIABILITY AND KEY CARD APPLICATION -OWNER

PINE BLUFFS HOMEOWNER ASSOCIATION

Homeowner Name(s):

Property Address:

Contact Information:

Mailing Address (if different from above)

Phone: _____

EMERGENCY CONTACT if other than above):

Email: _____

Name: _____ Phone: _____

Email: _____

Key card # _____

Please return this Pool Waiver to: Email to: Info@the-cpms.com. **This document must be on file in order to use the pool facilities.**

I give permission for the following household family member(s) to use the pool facilities and fob entry:

1. _____ Date of Birth: _____
2. _____ Date of Birth: _____
3. _____ Date of Birth: _____
4. _____ Date of Birth: _____
5. _____ Date of Birth: _____
6. _____ Date of Birth: _____
7. _____ Date of Birth: _____

DISCLOSURE/WAIVER

In consideration of being granted pool/recreational facilities access, I agree that the use of the pool as well as the restrooms and any property connected to the pool 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 because of use. I hereby agree to defend, indemnify, and hold harmless the Association, its agents, and employees from and against all claims, demands, causes of action, and/or liability associated with the use of pool or other facilities attached to the pool,

by myself, my family members, guests, tenants, and invitees. I also understand that my electronic key is my sole responsibility and if lost or stolen should be reported immediately to the Management Company to be released from any claims, demands, causes of action, and/or liability associated with its use. Further, I am aware the current Pool Rules and Regulations, are attached hereto, and are posted on the Association website for my review.

Signature(s):

_____ DATE: _____

_____ DATE: _____

LOST KEY CARD REPLACEMENT- \$50.00 PER KEY CARD

SECOND KEY CARD- \$10.00