

**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: [kathy@teleos-services](mailto:kathy@teleos-services). **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 for 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 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 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, is 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**