

**HEATHLAKE COMMUNITY ASSOCIATION, INC. POOL REGISTRATION
Homeowner/Renter Acceptance of Rules and Liability**

Name(s) of homeowner(s)/renter(s) _____

Address _____

Phone(s) _____

	Home	Cell
Emergency contact:	_____	

	Name	Phone
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Other members of household who will be using pool:

_____	Name	Age	Name	Age
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_____	Name	Age	Name	Age
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I do hereby accept cardkey Number _____

NO LIFEGUARD ON DUTY

My signature below acknowledges that I am aware that all persons using the Heathlake Community Association, Inc. (HCA) Pool are swimming at their own risk and that any child 18 years or younger (member of household and/or guests) with access to the pool using my cardkey will have adult supervision from the above listed homeowner/renter at ALL times.

My signature below acknowledges that I agree that the cardkey is for use ONLY by me and my household (listed above) for access to the HCA Pool. I agree to be responsible for the use of the cardkey. I further acknowledge that my guests must be accompanied by me at all times.

My signature below acknowledges that I will abide by the rules set forth for the HCA Pool and I accept responsibility for my actions and those of my household and my guests. I accept responsibility for any actions which violate the Pool Rules posted in and around the pool area or which might result in damage to the pool, equipment, furniture or any part of the recreational facilities. I understand that violation of posted rules may result in forfeiture of the right to use the pool facilities, and property damage resulting in the violation of posted rules may be subject to legal proceedings against me and re-imburements by me.

MY SIGNATURE BELOW ACKNOWLEDGES THAT IN CONSIDERATION FOR ALLOWING ACCESS TO THE HCA POOL TO ME, MEMBERS OF MY HOUSEHOLD, AND MY GUESTS, I HEREBY RELEASE AND INDEMNIFY THE HEATHLAKE COMMUNITY ASSOCIATION, INC., ITS EMPLOYEES AND CONTRACTORS FROM ANY LIABILITY FOR ANY CLAIM ASSERTED BY ME OR ANY MEMBERS OF MY HOUSEHOLD AND/OR GUESTS, EVEN IN THOSE INSTANCES WHEREAS A CLAIM ARISES IN WHOLE OR IN PART FROM NEGLIGENCE OF THE HCA OR ANY OF ITS CONTRACTORS.

Homeowner/Renter _____
Signature Date

Heathlake Representative/Witness _____
Signature Date