ALBURY TRAILS ESTATES POOL ACCESS CARD REGISTRATION FORM

Date:		Email:	
Last Name:		Home Phone No.:	
Address:		Alternate Phone:	
First and last name and age of ea	ach family member	who will be using the pool:	
1	Age	4	Age
2	Age	5	Age
3	Age	6	Age
Name:		Phone Number:	
Owner Name: Owner Address: City & State:	,	tates, you must provide the following:	
Pool card no.	_		
	_ (\$10 charge)		
\$10 paid by cash	check		

WAIVER/RELEASE (USE OF SWIMMING POOL) ALBURY TRAILS ESTATES COMMUNITY ASSOCIATION, INC.

I acknowledge receipt of the Pool Rules ("Rules") governing the use of the swimming pool at Albury Trails Estates ("ATE"). I have read the Rules, I understand them, and I agree to comply with them. I agree that my use of the ATE swimming pool will be on a **SWIM AT YOUR OWN RISK BASIS AND WITHOUT BENEFIT OF A LIFEGUARD**. I fully understand that in utilizing the pool without the benefit of a lifeguard, that there are risks of injury or death to myself or others, whether or not I swim alone or with others present. I understand that without the presence or the benefit of a lifeguard, there is a possibility of injury or death by drowning or other risks. I am voluntarily using the swimming pool **WITHOUT BENEFIT OF A LIFEGUARD AND ON A SWIM AT YOUR OWN RISK BASIS** with full knowledge of the dangers involved, fully assuming all risks of injury and death.

I understand and agree that the Association, its managing agent, and/or the respective affiliates, directors, officers, agents, and employees of the Association and/or its managing agent (collectively, the "Released Parties") are not responsible for any injury, death, damage, loss of property which I may suffer as a result of my use of the swimming pool for any reason whatsoever. I expressly waive any and all claims against, and release the Released Parties, jointly and severally, of and from any claims of injury or death, damages, or any causes of action whatsoever arising from my use of the swimming pool on a **SWIM AT YOUR OWN RISK BASIS AND WITHOUT THE BENEFIT OF A LIFEGUARD**, irrespective of whether any such injury, death, damage, or cause of action is a result of the acts omissions or negligence of the Released Parties in whole or part. This waiver and release shall be binding upon by heirs, assigns, and estate representatives.

Further, to the extent permitted under the Rules, in the event that I allow or bring a guest or invitee or my child or children (or child or children of any guest or invitee) into the pool area, I agree that (i) I shall accompany such guest(s), invitee(s) or children at all times while in the pool area, (ii) I shall make each such guest(s), invitee(s), and child aware that there is no lifeguard present and that their respective use of the pool is on a **SWIM AT YOUR OWN RISK BASIS WITHOUT THE BENEFIT OF A LIFEGUARD**, (iii) I shall at all times supervise and assume full responsibility to ensure compliance with all of the Rules by such guest(s), invitee(s) or children, and (iv) I shall be liable for, and release and indemnify the Released Parties of and from any claims or damages whatsoever (including those resulting from injury or death) brought or asserted by such guest(s), invitee(s), or child or children (or their parents, guardians, heirs or estate representatives), arising from the use of the swimming pool on a **SWIM AT YOUR OWN RISK BASIS WITHOUT THE BENEFIT OF A LIFEGUARD**.

This waiver/release is given for the following address:

Address		
Signature	Date	
Printed Name		
		
Signature	Date	
Printed Name		
Names and ages of children:		