### **Huntwyck Village Pool Guest Application/Waiver**

## MUST FILL OUT FOR EACH PERSON ENTERING POOL COMPLEX

#### PLEASE PRINT CLEARLY

Date:

Guest Name:				
DOB:	Account #			
Address:				
Phone #:	_ Email Address:			
Emergency	Emergency			
Contact:	Phone:			
Medical Conditions (Allergies, etc.):				
WAIVER/RELEASE OF LIABILITY				
I acknowledge that lifeguards will not be present and that I am swimming at my own risk. I agree to defend, indemnify, and hold harmless the Huntwyck Village Homeowners' Association, its officers, employees, and agents for any injury or death to myself. I have received a copy of the pool rules and agree to obey the orders of the Pool Monitors and Board Members.				

Guest Signature\_\_\_\_\_

Parent/Guardians Signature

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Parent/Guardians Signature\_\_\_\_\_