MUST FILL C	OUT FOR EACH HOME RECEIVING A POOL BADGE
PLEASE PRINT CLEARLY	
Date:	File:
Applicant Name:	
DOB:	
Address:	
Phone:	Email Address:
Emergency Contact:	Phone:
Medical Conditions (Aller	gies, etc.)
List all additional H	ousehold members requesting badges below:
1	
2	
3	
4	
5	
6	
V	VAIVER/RELEASE OF LIABILITY
risk. I agree to defend, inder Association, its officers, emplo guest, or myself. I have receiv	will not be present, the badge holder is swimming at his/her own mnify, and hold harmless the Huntwyck Village Homeowners' yees, and agents for any injury or death to any family member, ed a copy of the pool rules and agree to obey the orders of the lifeguards and pool supervisors.
	er/Landlord Tenant Acknowledgement
	Phone:
The above named person is curre	ently leasing my property located in Huntwyck Village and has my a pool badge as my Tenant for the current pool season.
Owner Signature	Date:
Notary Public:	Date: