

MUST FILL OUT FOR EACH HOME RECEIVING A POOL BADGE

PLEASE PRINT CLEARLY

Name: _____

DOB: _____ Account # _____

Address: _____

Phone: _____ Email Address: _____

Emergency Contact: _____ Phone: _____

Medical Conditions (Allergies, etc.) _____

List all additional household members using badge below:

1 _____ DOB: _____

2 _____ DOB: _____

3 _____ DOB: _____

4 _____ DOB: _____

5 _____ DOB: _____

6 _____ DOB: _____

WAIVER/RELEASE OF LIABILITY

I acknowledge that lifeguards will not be present, the badge Holder is swimming at his/her 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 any family member, guest, or myself. I have received a copy of the pool rules and agree to obey the orders of the pool supervisors.

Signature _____