MUST FILL OUT	T FOR EACH HOME RECEIVING A POOL BADGE
PLEASE PRINT CLEARLY	
Date:	
Tenant Name:	
DOB:	
Address:	
	Email Address:
Emergency Contact:	
Medical Conditions (Allergies	s, etc.)
List all additional h	household members using badge below:
1	DOB:
2	DOB:
3	DOB:
4	DOB:
5	DOB:
6	DOB:
WA	IVER/RELEASE OF LIABILITY
risk. I agree to defend, indemni Association, its officers, employee	not be present, the badge Holder is swimming at his/her own ify, and hold harmless the Huntwyck Village Homeowners' es, and agents for any injury or death to any family member, copy of the pool rules and agree to obey the orders of the pool supervisors.
Tenant Signature	
	/Landlord Tenant Acknowledgement
Landlord Name:	
	Phone:
-	ly leasing my property located in Huntwyck Village and has my pool badge as my Tenant for the current pool season.
Landlord Signature	Date:
Notary Public:	Date: