



## GUEST MEMBER APPLICATION FORM

Homeowner residents in good standing may sponsor non-residents who are 18 years or older for Guest Memberships in the Lakeridge West Swim Club. Guests younger than 18 may join with a parent or guardian. Guest memberships must be approved by the LWCA Board of Trustees. Membership provides the individual with full access to the facilities and social events during the entire season as a guest of their sponsor. Guest members must abide by the LWCA Rules and Regulations, policies and procedures. Individual guest members over the age of three will be charged a fee of \$125 per person for the 2025 season. This fee is non-transferable and non-refundable. Upon approval of this application, you will be asked to complete your application in Member Splash, our electronic database.

NAME OF SPONSOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF GUEST MEMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAMES OF OTHER HOUSEHOLD MEMBERS (list any other adults and children, age if under 18, who wish to join Lakeridge West Swim Club.)

\_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ 2<sup>nd</sup> PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME OF EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF 2<sup>nd</sup> EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

I have read and agree to accept the Lakeridge West rules, regulations, policies, and release of liability (on reverse side) for the 2025 season, with the understanding that if I do not conform to these documents, my membership may be revoked.

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Signature of Applicant

Approved by \_\_\_\_\_ Date \_\_\_\_\_



## **Lakeridge West Community Association**

### **Guest/Release of Liability**

In consideration of my being a guest of the Lakeridge West Swim Club, the undersigned acknowledges and agrees with the following:

1. I have read and agree to willingly comply with the LWCA Swim Club Rules and the that are available on the Association website, [www.lakeridgewest.org](http://www.lakeridgewest.org).
2. I am aware the risk of injury from activities and events involved in using the pool, pool grounds, pool facilities and participating in pool sponsored events is significant. While rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist.
3. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the employees or officers of the Lakeridge West Swim Club and assume full responsibility for my acts and outcomes during my membership of the pool.
4. In the event I observe or learn of any dangerous or hazardous activity or condition, I will immediately bring this information to the attention of the manager, pool attendants, any officer of the Association who may be present.
5. I, for myself and on behalf of my heirs, assignees, personal representatives and next of kin, hereby release and hold harmless the Lakeridge West Community Association, its officers, directors, agents, and employees from any and all loss or damage, including but not limited to injury to person or property, disability and death, whether such loss or damage arises from the negligence of Lakeridge West Community Association or otherwise.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY.
<b>First and Last Name:</b>
<b>Date:</b>
<b>Signature:</b>
<b>As the head of the household, I am signing on behalf of my children under 18 (list names below)</b>