2021 TOWNEWEST HOA POOL REGISTRATION

OCCUPIED BY	: HOMEOWNER	TENANT	
PROPERTY ADDRESS			
NAME			
HOME PHONE	CELL PHONE		
		TO (6) WRISTBANDS ALLOWED FOR	
RESIDENTS ONLY. YOU MUST SPECIFY RESIDENT & RELATIONSHIP.			
NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH & AGE	
EMERGENCY CONTACT PERSON:			
NAME:RELATIONSHIP:			
PHONE #:			
2021 WRISTBAND ORDER [] TRADE-IN PREVIOUS YEARS \$0.00 # OF WRISTBANDS REQUESTED:			
NEW 2021 APPLICANT \$3.00 # OF WRISTBANDS REQUESTED:			
REPLACEMENT \$5.00 # OF WRISTBANDS REQUESTED:			
PATRONS AGE 3 YEARS AND OLDER ARE REQUIRED TO HAVE A POOL WRISTBAND PLEASE RETAIN YOUR POOL WRISTBANDS FOR FUTURE USE OUR OFFICE ACCEPTS EXACT CASH, CHECKS OR MONEY ORDERS MADE PAYABLE TO TOWNEWEST HOA			
ONE GUEST IS ALLOWED PER WRISTBAND			
I affirm that all information on this application is true, and that all those listed on this form are full-time residents of (HOA) at the address listed above. I also agree that the residents and guests of the household agree to abide by rules			
and regulations regarding the use of facilities. POOL WRISTBANDS WILL NOT BE VALIDATED UNLESS ALL ASSOCIATION FEES ARE PAID IN FULL			
TO OBTAIN 2021 WRISTBANDS, PLEASE RETURN THE REGISTRATION FORM BY MAIL TO MASC AUSTIN			
PROPERITES, INC. – 945 ELDRIDGE ROAD, SUGAR LAND TEXAS, 77478 – BY EMAIL <u>vnavarrete@mascapi.com</u> - BY FAX 713.776.1777 OR ONLINE THROUGH TOWNSQ WWW.TOWNEWESTHOA.SITES.TOWNSQ.IO.			
LIFEGUARDS HAVE FINAL AUTHORITY! The danger of exposure to the coronavirus that caused Covid-19 exists.			
By entering the pool, you take responsibility for your own protection and for disinfecting your hands and anything you touch in the pool area.			
 You will not use the pool if you have tested positive for or diagnosed with Covid-19 or were exposed to someone with Covid-19 or suspected of having Covid-19 in the last 14 days. 			
 You will not use the pool if you have a cough, fever, shortness of breath or other symptoms of the illness. 			
You will maintain at least 6 feet at all times (in and out of the pool) between you and other people who are not part of your household. Down the pool of			
 Face coverings are recommended when you are not in the swimming pool. DO NOT USE FACE COVERINGS IN THE WATER. You will abide by all signage and social distancing designations. 			
I ACKNOWLEDGE that I have RECEIVED, READ the ATTACHED DOCUMENT as a condition to the		OOL USE AGREEMENT AND WAIVER set forth in bands.	
Signature	Printed Name:		
Date:			

Current on assessments?	Number of pool wristban	ds validated:	
Processed by:NOTES:	Date:		
140 1L0.			

Townewest Homeowners Association, Inc. Swimming Pool Usage Waiver and Release for Adults & Minors

Swimming Pool Usage Waiver and Release for Adults & Minors			
Date			
NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in its entirety. By			
signing this agreement, you give up your right to bring any action (in a court of law, arbitration or any other legal			
forum) to recover compensation or obtain any other remedy for any personal injury or property damage however			
caused arising out of your attendance at or use of the Townewest Homeoweners Association, Inc.'s (hereafter			
Townewest) facilities and/or swimming pool, now or at any time in the future.			
Acknowledgment of Risk			
I hereby acknowledge and agree that my and my minor child's/children's use of and/or attendance at Townewest's			
facilities and swimming pool(s) comes with inherent risks. I have full knowledge and understanding of the inherent			
risks associated with use of the facilities and swimming pool, including but in no way limited to: (1) slips, trips, and			
falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or			
bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with the use of the			
facilities and swimming pool and that said list in no way limits the operation of this Agreement.			
Coronavirus / COVID-19 Warning & Disclaimer			
Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact.			
Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can			
lead to severe illness, personal injury, permanent disability, and death. Utilizing Townewest's facilities and			
swimming pool could increase the risk of contracting COVID-19. TAE and Townewest in no way warrant that			
COVID-19 infection will not occur through swimming or attendance of Townewest's facilities and swimming pool.			
Initial Writing Dalam Indows Control & Comment Notes Con-			
Waiver, Release, Indemnification & Covenant Not to Sue			
In consideration of my and/or my minor child's/children's use of and/or attendance at Townewest's facilities			
and swimming pool, I,, the undersigned, on behalf of myself and my minor child/children listed below, agree to release and on behalf of myself, my child/children, my heirs,			
representatives, executors, administrators, and assigns, HEREBY DO RELEASE TAE and the Townewest			
Tebreschianves, executors, auministrators, and assigns, mercedi do reliease tal and the townewest			
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MISCELLANEOUS The Waiver and Release Form shall be construed in accordance with and subject to the laws of the State of Texas. If any paragraph, section, sentence, clause, or phrase contained in this Waiver and Release Form becomes or is held by a court of competent jurisdiction to be illegal, null, or void against public policy, the remaining paragraphs, sections, sentences, clauses, or phrases contained in this Waiver and Release Form shall not be affected thereby.

Adults must sign for themselves and if also a parent or court-appointed legal guardian must also sign for any participating minor (those under 18 years of age) and agree that they and the minor are subject to all the terms of this document, as set forth above. By signing below the individual and/or parent or court-appointed legal guardian agrees that they are also subject to all the terms of this document, as set forth above.

If executed electronically, I hereby agree that my typed name shall constitute my signature for all purposes herein.

Adult/Parent(s)/Guardian(s):	
PRINT: Name	
Date of Birth	
Address	
Phone Number	
Email	
Emergency Contact	
Signature	
PRINT: Names of Child/Minor and Date of Birth	
PRINT: Names of Child/Minor and Date of Birth	
PRINT: Names of Child/Minor and Date of Birth	
PRINT: Names of Child/Minor and Date of Birth	
PRINT: Names of Child/Minor and Date of Birth	

Please download a copy of this waiver to show the lifeguards EACH time you go to the pool.