**[](http://cornerstonepark.org/index.html)**

**Cornerstone Park**

**Community Association, Inc.**

**LAP POOL SWIMMING WAIVER**

**2019**

By signing this waiver, I fully understand that I am responsible for complying with the following conditions any time the pool is not officially open:

* I certify that I am a member in good standing with Cornerstone Park Community Association and any applicable sub-Associations and I am age 18 or older.
* I understand that pool is not approved by the Wake County Health Department for night swimming and that swimming is only permitted after dawn, 6:00 AM or daylight, whichever is earlier.
* I understand that diving into the pool is not permitted at any time.
* I understand that adults should not swim alone and that the pool is not guarded. I will check the pool phone operation prior to swimming.
* Swimming under this waiver releases all members of the Cornerstone Park Community Association, third party pool management company, CAS, Inc, and Wake County from any responsibility in the event that I suffer any injury while swimming while the pool is closed. In other words, ***I am swimming totally at my own risk and will pay for any injuries or disabilities suffered while the pool is closed and without lifeguards on duty.***
* No person under the age of 18 or who is not a member of the Cornerstone Park Community Association may swim at the said pool when the pool is closed. This agreement is non-transferable.

This waiver is valid for the 2019 Pool Season at Cornerstone Park.

Member Name (Print Name)

Member Signature Date:

Property Address

Access Card/Fob Number Access Card/Fob Number

**PLEASE RETURN TO:**

Cornerstone Park Community Association

C/o CAS, Inc.

PO Box 83

Pinehurst, NC 28370

Fax: 910-295-0182

Jess@casnc.com