

NOTE:

The resident holders of these passes agree to abide by the Bylaws and the Declaration of Covenants, Conditions and Restrictions of the Fox Meadows HOA and the Pool Rules and Regulations you now receive and have read which govern activities of the pool and other facilities. I understand this membership may be revoked if such Bylaws and Rules and Regulations are not adhered to. I certify that all holders of these passes are in the proper physical condition and good health to safely use these facilities, and all holders assume personal responsibility for undertaking the appropriate due care in mitigating the inherent personal risks of injury when using the swimming pool and other facilities. I hereby certify that all individuals listed above reside full time at this address and we have read and/or fully understand the Rules and Regulations, and that I am a member of the Association in good standing (i.e. all assessments are paid in full, I am not in violation of any architectural guidelines, etc.). I understand that these memberships may be revoked if I should lose my "good standing" status at any time.

Signature of Lot Owner _____ Date _____

FOR OFFICE USE ONLY



Number of Facilities Passes Issued _____ Guest Pass Issued _____ Pool Rules Issued _____ Date _____

Number of Facilities Passes Pending _____ Initials _____ New _____ Replacement _____ Stickers _____

Additional Notes: _____
