

2021 Cimarron CIA, Inc. Pool Registration

PROPERTY ADDRESS: _____ Occupied By: OWNER ____ TENANT ____
(if tenant is completing form, owner must sign in acknowledgement of registration)

Owner Signature: _____ Date: _____

NAME _____ HOME PHONE _____
TELEPHONE NUMBER _____ CELL PHONE _____
EMAIL ADDRESS: _____

ONE CARD PER FAMILY/HOUSEHOLD

THERE IS NO CHARGE FOR ACTIVATION OF CURRENT CARD - NEW OR REPLACEMENT CARDS \$50.00
POOL ACCESS CARD PAYMENT MUST BE ENCLOSED OR PAID ONLINE PRIOR TO ACTIVATION

NAME OF EACH POOL PATRON	AGE	ACCESS CARD # Gold # on the back of the card

EMERGENCY CONTACT PERSON:

NAME: _____ RELATIONSHIP: _____

PHONE #: _____

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 ACCESS CARD WILL NOT BE VALIDATED UNLESS ALL ASSOCIATION FEES ARE PAID IN FULL

TO OBTAIN A POOL ACCESS CARD PLEASE RETURN THE REGISTRATION FORM BY MAIL TO MASC AUSTIN PROPERTIES, INC. – 945 ELDRIDGE ROAD, SUGAR LAND TEXAS, 77478 – BY EMAIL vnavarrete@mascapi.com - BY FAX 713.776.1777 OR ONLINE THROUGH TOWNSQ AT WWW.CIMARRON.SITES.TOWNSQ.IO.

LIFEGUARDS HAVE FINAL AUTHORITY!

- The danger of exposure to the coronavirus that caused Covid-19 exists.
- Be 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.
- 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 AND AGREED to the 2021 SWIMMING POOL USE AGREEMENT AND WAIVER set forth in the ATTACHED DOCUMENT as a condition to the issuance and acceptance of pool access card.

Signature _____ Printed Name: _____ Date: _____

“Pursuant to the Texas Uniform Electronic Transactions Act, an electronic signature is permitted, but not required, as a means of affixing your signature to this document. The act of typing your own name or affixing some other symbol or process hereto with the intent of adopting that name, symbol, or process as your electronic signature shall be sufficient to constitute a valid signature.”

2021 SWIMMING POOL USE AGREEMENT AND WAIVER

As a condition to the issuance and acceptance of pool tags for the 2021 swim season for the Cimarron Community Improvement Association, Inc. ("Association"), I acknowledge the contagious nature of COVID-19 and that a danger of exposure to or contraction of the coronavirus that causes COVID-19 exists while using the Association swimming pool. By entering the Association pool, I take responsibility for my own protection, my family's protection, and that of my child(ren), and for disinfecting my/our hands and anything I/we touch in the pool area.

I agree to not use the pool if I, my family, or my child(ren) have tested positive for or been diagnosed with COVID-19 or were exposed to someone with COVID-19 or someone suspected of having COVID-19, in the previous 14-day period. I agree not to use the pool, or to permit my family or my child(ren) to use the pool, if I, my family, or my child(ren) have a cough, fever, shortness of breath or other symptoms of illness. I agree to abide by all signage and social distancing designations, more specifically to maintain at least 6 feet at all times (in and out of the pool) between myself and other people who are not part of my household. I acknowledge that face coverings are NOT TO BE WORN WHILE IN THE POOL, but that face coverings are recommended while outside of the pool.

By signing this Agreement, I voluntarily assume the risk that myself and my family, including my child(ren), may be exposed to or become infected by COVID-19 while using the Association swimming pool, and that such exposure or infection may result in personal injury, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while at or using the Association pool may result in actions, omissions, or negligence of myself and others, including, but not limited to, the Association, the Association Board of Directors, agents and representatives, and the Association pool management company, its employees, agents and representatives, its lifeguards, and maintenance crew. I voluntarily agree to assume all of the foregoing risks, and accept sole responsibility for any injury to myself, my family or child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my family or my child(ren) may experience or incur in connection with my, my family or my child(ren)'s use of the pool/facilities ("Claims").

On behalf of myself, my family and my child(ren), I hereby release, covenant to not sue, discharge, and hold harmless the Association, the Association Board of Directors, agents and representative, the Association pool management company, its employees, agents or representative, its lifeguards and maintenance crew, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto and to indemnify the association against any claim arising from my actions or the actions of my family and children. I understand and agree that this release includes Claims based on the actions, omissions, or negligence of the Association, the Association Board of Directors, agents and representatives, and the pool management company, its employees, agents and representatives, whether a COVID-19 infection occurs before, during or after my use, my family's use or my child(ren)'s use of the pool/facilities.

Signature _____ Printed Name: _____ Date: _____

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