

HARRIS GLEN ASSOCIATION, INC.

1427 Dexford Dr., Austin, TX 78753

Application to Use Pool/Recreational Facilities and Release of Liability

(Please Print)

KeyCard#: _____

Print Name:

_____ (Owner)

_____ (E-mail address)

_____ (Co-Owner)

_____ (E-mail address)

Property Address: _____

Mailing address if different: _____

Phone: Home _____ Work _____ Cell _____

(Co-Owner) Work _____ Cell _____

List all occupants in house (required for pool use)

1. _____ /_/ (DOB) 4. _____ /_/ (DOB)

2. _____ /_/ (DOB) 5. _____ /_/ (DOB)

3. _____ /_/ (DOB) 6. _____ /_/ (DOB)

Owner/Tenant Signature(s): _____ Date: _____

_____ Date: _____

***By accepting the pool key & signing this waiver, I acknowledge I have received a copy of the pool rules and agree to be bound by them, and further agree that the use of all facilities is at the sole risk of the user. I further understand that the use of all facilities is unsupervised and that accident, injury, or death may occur as a result of use. I hereby agree to defend, indemnify, and hold harmless the association, its agents, and employees from and against any and all claims, demands, causes of action, and/or liability associated with use of pool or other recreational facilities by myself, my family members, guests, tenants, and invitees.**

FAILURE TO REMAIN CURRENT IN YOUR ASSOCIATION PAYMENTS WILL RESULT IN DEACTIVATION OF YOUR KEY CARD.

I have also read, understand, and will comply with policies, procedures and posted signs, set by the Association.

All households receive 1 key. There will be a \$25 fee for additional and replacement keys. We accept payment in the form of check or money order, made out to Harris Glen Association.

Please mail form and payment (if applicable) to:

Harris Glen Association
ATTN: POOL KEY REQUEST
1427 Dexford Drive
Austin, TX 78753

Harrisglen.Treasurer@gmail.com