



ADULT LAP SWIM WAIVER FORM

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 the pool is not approved by the Wake County Health Department for night swimming and that swimming is only permitted after 6:00 AM.
- 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 2024 Pool Season at Cornerstone Park.

Member Name (Print Name) _____

Property Address _____

Access Card/Fob Number _____ Access Card/Fob Number _____

Member Signature _____ Date: _____

PLEASE RETURN TO:

Cornerstone Park Community Association
c/o CAS, Inc.
PO Box 83
Pinehurst, NC 28370
Fax: 910-295-0182
forms@casnc.com