

WHISPERING PINES METROPOLITAN DISTRICT 2023 POOL WAIVER – RELEASE OF LIABILITY AND FOB APPLICATION

Property owner/Residents Name(s)	Property or Mailing Address (Circle which):
Mobile Phone:	EMERGENCY CONTACT (if different from above)
Email:	Name:
Email:	Mobile:
	ersity Blvd, #358, Denver, CO 80206 or E-mail to: and accounts must be in good standing to receive an access
fob, there may be no outstanding fines or use the pool facilities.	covenant violations. This document must be on file in order to
I give permission for the following family n	nember(s) to use the pool facilities and fob entry:
1	Age:
2	Age:
3	Age:
4	Age:
5	Age:
replacement. My/our property is leased. I/we have provid they are subject to all rules and regulations a	oo. If a fob is lost, homeowner will be charged \$50.00 for fob ed my/our tenant(s) with a Waiver to sign, and they are aware that associated with the use of the pool and its facilities. I understand that on execution and receipt of the tenant(s) Waiver by the District, and the fob(s) to my/our tenant(s).
of the pool as well as the restrooms and any prunderstand that the use of all facilities is unsuruse. I hereby agree to defend, indemnify, and hagainst any and all claims, demands, causes of facilities attached to the pool, by myself, my famy electronic key is my sole responsibility and released from any claims, demands, causes of	eing granted pool/recreational facilities access, I agree that the use roperty connected to the pool, is at the sole risk of user. I further pervised, and that accident, injury or death may occur as a result of hold harmless the district, its agents, and employees from and action, and/or liability associated with the use of pool or other mily members, guests, tenants, and invitees. I also understand that if lost or stolen should be reported immediately to the district to be action, and/or liability associated with its use. Further, I have Agreement, which is attached hereto, and the General Pool Rules view.
	DATE:

Signature