

POOL WAIVER – RELEASE OF LIABILITY AND FOB APPLICATION

WHISPERING PINES METROPOLITAN DISTRICT

Property owner/Residents Name(s):

Property Address:

_____ Mailing Address (if different from above):

Contact Information:

_____ EMERGENCY CONTACT if other than above):

Email: _____

Email: _____

Name: _____

Phone: _____

Please return this Pool Waiver to: 191 University Blvd, #358, Denver, CO 80206 or E-mail to: Taylor@teleos-services.com. **Properties and accounts must be in good standing in order to receive an access fob, there may be no outstanding fines or covenant violations. This document must be on file in order to use the pool facilities.**

I give permission for the following family member(s) to use the pool facilities and fob entry:

- 1. _____ Age: _____
- 2. _____ Age: _____
- 3. _____ Age: _____
- 4. _____ Age: _____

Please provide an additional fob. A maximum of two fobs per home will be issued. One fob will be issued at no cost. The cost for one additional fob is **\$25.00**. If a fob is lost, homeowner will be charged **\$50.00** for fob replacement.

My/our property is leased. I/we have provided my/our tenant(s) with a Waiver to sign, and they are aware that they are subject to all rules and regulations associated with the use of the pool and its facilities. I understand that the fobs will be issued in my/our name(s) upon execution and receipt of the tenant(s) Waiver by the District, and I/we will then be responsible for disbursing the fob(s) to my/our tenant(s).

DISCLOSURE/WAIVER

In consideration for being granted pool/recreational facilities access, I agree that the use of the pool as well as the restrooms and any property connected to the pool, is at the sole risk of 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 district, its agents, and employees from and against any and all claims, demands, causes of action, and/or liability associated with the use of pool or other facilities attached to the pool, by myself, my family members, guests, tenants, and invitees. I also understand that my electronic key is my sole responsibility and if lost or stolen should be reported immediately to the district to be released from any claims, demands, causes of action, and/or liability associated with its use. Further, I have reviewed and understand the Pool Facility Use Agreement, which is attached hereto, and the General Pool Rules are all posted on the District website for my review.

Signature(s):

_____ DATE: _____

_____ DATE: _____

