

**POOL REGISTRATION FORM
VILLAGES OF OAK CREEK COLONY (VOCC) HOA**

(1) Owner _____ OR (2) Renter _____

Name: _____ "PLEASE PRINT"

Address of Property: _____
(City, State) (Zip Code)

Mailing Address: _____
(City, State) (Zip Code)

Home Phone: _____ Work Phone: _____

E-Mail _____ Cell Phone: _____

"PLEASE PRINT NAMES" If more than five, check here _____ and write names & ages on back

First Name:	_____	Age:	_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____

IN CASE OF EMERGENCY CONTACT:

Name(s): _____

Phone: _____ Relationship: _____

READ THIS ACKNOWLEDGEMENT & LIABILITY WAIVER:

The undersigned expressly agrees and understands that the VOCC Pool facility is a NON LIFEGUARDED facility and there is risk of injury or death from the use of the pool/facilities, and that said risk is at and expressly assumed by the resident and their guests. The resident expressly understands and agrees that neither the Homeowners Association, its officers, or association members shall be liable for any claims, demands, injuries, damages or death to person or property arising out of or in connection with the use of the pool/facilities or the premises where the same are located whether or not said injury or death is due to the negligence of the Homeowners Association, its officers, and association members and hereby holds Homeowners Association, its officers, and association members harmless from all claims which may be brought against them.

COVID-19 WAIVER

By visiting the VOCC Pool facility, I voluntarily assume all risks related to exposure of COVID-19 and agree to hold VOCC HOA, its contractors and its agents harmless.

**I HAVE READ AND UNDERSTAND THE RULES AND AGREE TO ALL OF THE PROVISIONS
HEREIN.**

I FURTHER CERTIFY THAT ALL INFORMATION ABOVE IS CORRECT AND TRUE.

SIGNATURE: _____ **DATE:** _____

To be completed by member of Management Company, pool staff or member of HOA Board:

Pool Card# _____ Issued/Reactivated on: _____ By _____