

GRANDVIEW HOA
NOTICE OF WAIVER AND LIABILITY

This waiver form must be filled in every year and on file with Grandview HOA for you to have pool privileges.

This agreement is made between GRANDVIEW HOA and (NAME): _____

_____(to be referred to as the "Member"),
who is the **owner of record** of the following real property located in GRANDVIEW HOA: (ADDRESS):_

_____, Member, for and in consideration of the permission of GRANDVIEW HOA to use the facilities, namely the GRANDVIEW HOA swimming pool (hereinafter referred to as the "Facilities"), for the purposes of swimming and general recreation, hereby agrees to hold GRANDVIEW HOA harmless for any acts and/or omissions by GRANDVIEW HOA or its agents with regard to the Facilities for the purpose of use of said swimming pool for swimming and general recreation.

Member acknowledges by the signing of this agreement that there are **NO LIFEGUARDS** present on the Facilities for the purpose of watching or supervising Member or Member's immediate family; furthermore, **LIFEGUARDS ARE NOT EMPLOYED BY GRANDVIEW HOMEOWNERS ASSOCIATION TO SUPERVISE AND/OR MAINTAIN THE POOL AND AREAS THAT ARE OUTSIDE OR AWAY FROM THE IMMEDIATE POOL AREA.** Member uses the above described pool and its surrounding common areas **AT HIS OR HER OWN RISK.**

**MEMBER BEING DEFINED AS OWNERS OF RECORD.
IMMEDIATE FAMILY BEING DEFINED AS THOSE LIVING
AT THE ADDRESS STATED ABOVE.**

MEMBERS AND MEMBER'S IMMEDIATE FAMILY AGREE TO ABIDE BY THE FOLLOWING RULES:

1. **Only ONE CARD is issued per household. *NOTE* CARDS are only issued to members whose accounts are paid. *If the CARD is lost, there is a \$30.00 charge for a replacement (non-refundable and the original card is deactivated).***
2. **No Member or Member's immediate family under the age of 18 will be issued or *may use the card.***
3. ***Unsupervised* swimming hours are Tuesday through Sunday from 9:00 a.m. to 9:00 p.m.**
4. **The gate will remain locked at all times.**
5. **The Board of Directors shall reserve the right to suspend, terminate, and/or revoke, without notice, any and all pool privileges if there is a violation of the rules.**

This agreement constitutes a waiver by Member of any claim(s) he/she may have against GRANDVIEW HOMEOWNERS ASSOCIATION for acts and/or omissions by GRANDVIEW HOMEOWNERS ASSOCIATION or its agents with regard to the Facilities for the purpose of use of said swimming pool for swimming and general recreation, which may result in an injury to Member or Member's immediate family.

Member

Date

Member

Date

Representative, GRANDVIEW HOA

Date

PLEASE PROVIDE YOUR CARD NUMBER (LAST FIVE (5) DIGITS) IF ALREADY ISSUED:

Card # Issued: _____

**GRANDVIEW
HOMEOWNERS ASSOCIATION**

1600 N.E. Loop 410, Suite #202
San Antonio, TX 78209
(210) 829-7202 Office * (210) 829-5207 Fax

POOL MEMBERSHIP

Owners Name: _____
(Last) (First)

Spouse: _____
(Last) (First)

Address: _____

Telephone: _____
(Home) (Work) (Work/Alt.)

Emergency: _____
(Name) (Phone)

Children: _____
(Name) (Birth Year)

(Name) (Birth Year)

(Name) (Birth Year)

(Name) (Birth Year)

(Name) (Birth Year)

This membership form and the waiver form must be filled out every year and on file with Grandview HOA for you to have pool privileges.

Representative, Grandview HOA

Card # Issued _____

IF YOU ALREADY HAVE A CARD
Please write the number on the line above
(the **last 5-digits** on your card)

Date _____