

The Ridings at Brookside Condominium Association

2021 POOL APPLICATION

(ONLY APPLY FOR NEW TAGS IF YOU DO NOT HAVE THE BLUE TAGS ISSUED IN 2019)

OWNER NAME: _____

UNIT ADDRESS: _____

PHONE: (H) _____ (C) _____ EMAIL: _____

ADULTS (Must be Residents):

	FIRST NAME	LAST NAME
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Badge #

CHILDREN (Must be Residents): (LIST ADDITIONAL CHILDREN ON BACK)

	FIRST NAME	LAST NAME	AGE (if under 18)/BIRTH DATE	GENDER
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Badge #

ASSIGNED GUEST BADGES

GUESTS MUST BE ACCOMPANIED BY AN ADULT (18 or older) RIDINGS AT BROOKSIDE RESIDENT

Complementary Guest Badge # _____
Complementary Guest Badge # _____

PURCHASED ADDITIONAL BADGES (\$10.00 EACH)

Purchased Guest Badge # _____
Purchased Guest Badge # _____

CHILDREN'S CARETAKER OR BABYSITTER'S NAME: _____ PHONE # _____

OCCUPANCY: OWNER OCCUPIED TENANT OCCUPIED

EMERGENCY CONTACT NAME & PHONE NUMBER: _____

FOR TENANT OCCUPIED UNITS ONLY:

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

PHONE #: (H) _____ (W) _____ (EMAIL) _____

I VOLUNTARILY CONSENT TO HAVE MYSELF, MY SPOUSE, MY CHILDREN, TENANTS, AND/OR GUESTS PARTICIPATE IN SWIMMING ACTIVITIES AT THE RIDINGS AT BROOKSIDE. I AM AWARE OF THE RISKS TO PERSON AND PROPERTY KNOWN TO BE ASSOCIATED WITH SUCH ACTIVITY, INCLUDING BUT NOT LIMITED TO: THE CLUBHOUSE FACILITY, THE POOL, REST ROOMS, EQUIPMENT, STEPS, FOLIAGE, INSECTS, PARKING LOT, AND SURROUNDING AREAS. THESE RISKS INCLUDE BUT ARE NOT LIMITED TO: EAR AND EYE INFECTIONS, COLDS, ABRASIONS, CUTS, NOSEBLEEDS, BURNS, STINGS, RASHES, HEAD INJURIES, INJURED OR BROKEN LIMBS, PARALYSIS, COVID-19, OTHER VIRUSES, AND EVEN DEATH.

I AGREE TO PERSONALLY INDEMNIFY AND HOLD HARMLESS THE RIDINGS AT BROOKSIDE CONDOMINIUM ASSOCIATION, BOARD MEMBERS, MANAGEMENT COMPANY, EMPLOYEES, AGENTS, VOLUNTEERS, AND THE POOL MANAGEMENT FROM ALL DAMAGE, INJURY, AND LIABILITY CAUSED FROM OR RESULTING FROM THE USE OF THE RECREATIONAL FACILITIES BY MYSELF, MY FAMILY AND MY GUESTS AND AGREE TO SIGN THE WAIVER OF LIABILITY. ALL ADULT POOL USERS MUST SIGN THE WAIVER OF LIABILITY.

I (WE) HAVE READ THE SWIMMING POOL REGULATIONS, AND AGREE TO THE RULES AND RESPONSIBILITIES SET FORTH THEREIN. I REALIZE THAT IF I MY ACCOUNT IS NOT CURRENT MY POOL PRIVILEGES WILL BE REVOKED FOR MYSELF, GUEST, TENANTS AND ALL RESIDENTS OF MY UNIT.

DATE: _____ UNIT OWNER PRINTED NAME(S): _____

OWNER'S SIGNATURE: _____

(TENANT(S) MUST OBTAIN THE UNIT OWNERS'S SIGNATURE FOR THIS APPLICATION TO BE APPROVED)

TENANT(S) SIGNATURE(S) (18 & Older): _____

TENANT(S) SIGNATURE(S) (18 & Older): _____

Emergency: 911

Questions or Concerns: Danella Realty & Management: 610-834-6200