

## 2011 Outside SHHA Pool Membership Application Form



**Yes!** I'd like to become a member of the **Sleepy Hollow Pool!** **PLEASE SIGN BACK OF THIS FORM ALSO.**

One payment of \$475.00

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Names of other family members living at your residence that are planning to use this pool membership: *(If children, please include birth year)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Form of Payment:

Check       Credit Card      Card Type (Visa or MC ONLY): \_\_\_\_\_

Card #: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_

Authorization Code: \_\_\_\_\_      Signature of cardholder: \_\_\_\_\_  
*(3 or 4 digit code on back of your card)*      *(See reverse side for additional terms and conditions that require your signature)*

**PLEASE READ AND SIGN THE BACK OF THIS FORM ALSO!**

**Upon completion, please mail to:**

**Sleepy Hollow Homes Association  
1317 Butterfield Road  
San Anselmo, CA 94960**

# SLEEPY HOLLOW HOMES ASSOCIATION

All SHHA Pool memberships granted and maintained on basis of strict compliance with all pool rules and regulations of Sleepy Hollow Homes Association pertaining to membership in and use of the pool facility. IF YOU HAVE A QUESTION REGARDING POOL, PLEASE Contact SHHA.

## **RELEASE AND HOLD HARMLESS AGREEMENT**

In consideration of the payment of fees required by the SHHA, the resulting granting of pool privileges and, due to my knowledge and experience around swimming facilities, I hereby waive, release and discharge any and all claims and causes for damages due to my death, personal injury or property damage which I may have, or which may hereafter accrue to me, whether known or unknown as a result of my use of the SHHA swimming pool and associated facilities. This waiver and release is intended to discharge in advance the SHHA as well as its officers, agents and employees, from and against any and all liability, injury, loss or damage arising out of and connected in any way with my participation with said entity and/or its facilities or in any event or activity associated with said entity and/or its facilities even though that liability might arise out the active and/or passive negligence or carelessness on the part of the entity or persons mentioned above. I further agree to assume all such risks of injury or death associated with use of the pool, not only for myself, but for my family members, children, and guests using the pool.

I understand that incidents, even of a serious and life threatening nature occasionally occur during the utilization of swimming pools and related facilities due to, not by way of limitation, slips , falls, collisions and other water related hazards. Knowing the risks attendant with swimming pools and related facilities, I hereby agree to assume those risks and to release, indemnify and hold harmless all the persons or entities mentioned above, who, even through, not by way of limitation, active and/or passive negligence or carelessness, might otherwise be liable to me or my heirs or assigns for damages by reason of any and all accidents, illness, injury or death or other consequences related to such utilization, whether reasonably foreseen or not reasonably foreseen.

I agree that this waiver, release, assumption of risk, indemnification and hold harmless agreement is binding upon my heirs and assigns, family members, spouses, minor and adult children, and pool guests.

**I agree to accept and abide by the rules and regulations of the SHHA.**

All minors, spouses, and pool guests of the Applicant signing below, are bound to the terms of this Application and Release by signature below their parents and/or guardians and/or guest sponsor.

By my signature below, I confirm that I have read the terms and conditions of the release, that I have read and understand the release language, agree to it, and understand that it is binding and may not be waived orally or in writing except by signature of the President of the SHHA.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_