

WOODFIELD POOL MEMBERSHIP APPLICATION

This application form **MUST BE SIGNED BY THE OWNER** who is being granted access to the pool for the swim season. This application should be used for all members of the household. A household consists of all persons living in a dwelling, including college students, other non-resident children spending the swim season, and live-in care providers. In order to obtain an Access Card, this form **must be completed and returned with payment to Main Street Management, P.O. Box 745, Lafayette, IN 47902.**

_____ NEW (\$5.00 CHECK) _____ REPLACEMENT (\$10 CHECK)

OWNER NAME: _____

ADDRESS OF PROPERTY: _____

OWNER MAILING ADDRESS: _____
(IF DIFFERENT THAN PROPERTY ADDRESS)

OWNER PHONE & EMAIL: _____

IS THIS PROPERTY LEASED/RENTED? YES/NO

PROVIDE NAME OF LESSEE/RENTER: _____

PHONE OF LESSEE/RENTER: _____

EMAIL ADDRESS OF LESSEE/RENTER: _____

EMERGENCY CONTACT NAME & PHONE:

NUMBER OF HOUSEHOLD MEMBERS LIVING AT THIS RESIDENCE WHO WILL ACCESS THE POOL: _____

The undersigned acknowledges that:

He/she has received the Pool Rules for the current year and agrees that he/she, resident of the property, and his/her guests will abide by them. Any misuse can result in the Access Card being deactivated and Pool Membership being revoked;

He/she acknowledges use of the Access Card is recorded by the security system and such access may be reviewed from time to time for investigative purposes;

He/she will notify Main Street Management immediately if an Access Card is lost or stolen;

Residents/Volunteers/Pool Monitors/Board Members have the right to do random checks for Access Cards;

That the Access Cards remain the property of the Association, and the Association requires a replacement fee for a lost card;

And; In consideration of the provided swimming pool facility privileges, the undersigned expressly agrees to assume the risk of any accident or personal injury which he/she or any member of his/her family or any guest of the undersigned may sustain while using the said facilities and agrees that the Association, Main Street Management, LLC and/or its Management Agent will in no way be liable for any such injury unless due to gross negligence on the part of the Association and/or Agent.

Signature of Owner

Date

New Card Number: _____
(Main Street will insert new card number for new activation.)

ANY PAYMENT REQUIRED MUST BE SUBMITTED WITH THIS APPLICATION TO:

Main Street Management, P.O. Box 745, Lafayette, IN 47902