

MCKINNEY PARK EAST HOMEOWNERS ASSOCIATION, INC.

c/o GOODWIN MANAGEMENT, INC.

11149 Research Blvd., Suite 100, Austin, TX 78759-5227

Application to Use Pool/Recreational Facilities and Release of Liability

(Please Print)

Print Name: _____
(Head of Household) (Email address)

(Spouse or Co-owner) (Email address)

Home Address: _____

Phone: home _____ work _____ cell _____
(Spouse or Co-owner) work _____ cell _____

Early Morning/Adult Swim option _____ (Must be 18 or older for adult swim)

List all minors in household (required for pool use)

- | | |
|--------------------------------|--------------------------------|
| 1. _____ / ____ / ____ (D.O.B) | 5. _____ / ____ / ____ (D.O.B) |
| 2. _____ / ____ / ____ (D.O.B) | 6. _____ / ____ / ____ (D.O.B) |
| 3. _____ / ____ / ____ (D.O.B) | 7. _____ / ____ / ____ (D.O.B) |
| 4. _____ / ____ / ____ (D.O.B) | 8. _____ / ____ / ____ (D.O.B) |

In consideration for being granted pool/recreational facilities access, I agree that the use of all facilities is at the sole risk of the user. I further understand that the use of all facilities is unsupervised and that accident, injury, or death may occur as a result of use. I hereby agree to defend, indemnify, and hold harmless the association, its agents, and employees from and against any and all claims, demands, causes of action, and/or liability associated with use of pool or other recreational facilities by myself, my family members, guests, tenants, and invitees.

The undersigned has read and will comply with all posted and stated rules.

*** One key per household. No charge for first key - \$25 for replacement keys. Please include payment in the form of check or money order, payable to McKinney Park East Homeowners Association.**

Signature(s): _____ Date _____

Date _____

IF LEASING HOME, tenants must sign waiver below: **TENANTS WILL BE SUBJECT TO ALL RULES.** Owner signature also required.

Tenant Signature: _____

Printed Name: _____ Phone _____

Please mail form and payment to:
MCK-McKinney Park East HOA
Goodwin Management, Inc.
11149 Research Blvd, Ste. 100
Austin, TX 78759

ATTN: POOL KEY REQUEST
FAX: (512) 346-4873
PoolKeyRequest@Goodwintx.com

FOR OFFICE USE ONLY

Account Paid? _____
Card # _____
Extra Card #? _____
Date Issued _____
VMS Input _____
Gates Input _____