

ARROWHEAD ESTATES HOMEOWNERS ASSOCIATION, INC.

POOL KEY REQUEST FORM

POOL KEY DATA

Name:

Address:

Home Phone: Work / Cell Phone:

☐ Home Owner ☐ Tenant

Email Address:

ADDITIONAL FAMILY MEMBERS / OCCUPANTS REQUESTING ACCESS

Name	Relationship

OFFICE USE ONLY

Date Request Received: Date Issued:

WAIVER

- Arrowhead Estates Homeowners Association assumes no responsibility for injuries or illness that I may sustain as a result of participation in any activities, sports, use of the pool, or other activities.
- I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any injuries and illness that may result from participation in these activities.
- I understand that Arrowhead Estates Homeowners Association, Inc. is not responsible for personal property lost or stolen while participating at the pool and recreation facilities.
- Myself and any resident occupants, tenants, and guests will abide by all of the Rules & Regulations for the pool and amenities.

I have read and agree to the waiver above.

Signature (type full legal name): Date:

Important Note: Pool keys are replaced using the following schedule:

1st time replacement: \$15.00 2nd time replacement: \$25.00