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