ARROWHEAD ESTATES HOMEOWNERS ASSOCIATION, INC.
POOL PARTY REQUEST FORM

REQUEST DETAILS

By submitting this form, the undersigned understands and will follow all posted pool rules when using the pool and cabana area, will clean up any trash from this activity and put away any furniture used back under the cabana area, will not have glass, food, or any alcoholic beverage in the pool or cabana area, and is fully responsible for all guests. The swimming pool & restrooms will remain open to other Arrowhead residents.

Date of Planned Activity: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone #: _____ Number of Guests Expected: _____

GENERAL LIABILITY WAIVER

• Arrowhead Estates Homeowners Association assumes no responsibility for injuries or illness that I or my guests may sustain as a result of participation in any activities, sports, use of the pool, cabana, or other amenities.

• I expressly acknowledge on behalf of myself, my guests, and our heirs that we 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, damaged, or stolen while participating at the pool and recreation facilities.

• Myself and any guests will abide by all of the Rules & Regulations for the pool and amenities, and I accept full responsibility for the conduct of my guests.

I have read and agree to the waiver above.

Signature (type full legal name): _____ Date: _____

Please Note: If you currently have any active violations or a balance owed to the association, this request will be automatically denied until those items are corrected.

OFFICE USE ONLY

Please check the following information before providing a decision:

☐ Any outstanding balance on the owner's account?

☐ Any active violations on the owner's account?

☐ APPROVED ☐ DENIED