

COMMONS AT VALLEY LAKES 2019 POOL MEMBERSHIP APPLICATION

This application form **MUST BE SIGNED BY THE OWNER** who is being granted a pool membership for the 2019 swim season. This application should be used for all members of the household. Please see pool rules for an explanation of what a household consists of. In order to obtain an Access Card, **this form must be completed and returned** by email to info@mainstreetmanagementllc.com, by fax to 765-742-6401, or mail to P.O. Box 745, Lafayette, IN 47902.

NEW Check Included
 ACTIVATE EXISTING CARD
 REPLACEMENT (\$25 CHECK INCLUDED)

OWNER NAME: _____ **COMMUNITY NAME:** The Commons at Valley Lakes

ADDRESS OF PROPERTY: _____

OWNER MAILING ADDRESS: _____ **OWNER PHONE & EMAIL:** _____
 (IF DIFFERENT THAN PROPERTY ADDRESS)

IS THIS PROPERTY LEASED/RENTED? YES/NO **PROVIDE NAME OF LEASEE/RENTER:** _____

PHONE OF LEASEE/RENTER: _____ **EMAIL OF LEASEE/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 2019 Pool Rules 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 Committee Members/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 of \$25 for a lost card;

The names listed on this application are actual household members;

In consideration of pool facility privileges, the undersigned 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.

Remember that you have part ownership in the pool and grounds. It is your responsibility to monitor and report any damage or destruction which may increase the dues for next year.

 Signature of Owner Existing Card Number: _____
 (Owner must insert existing card number for reactivation.)

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

List the names and the relationship to the Owner/Leasee/Renter of all persons who are included in this household and are eligible to use the pool.

Name and Relationship	Name and Relationship