

VILLAGES OF STONELAKE ESTATES HOA

WAIVER REGARDING POOL CENTER USE

Date: _____

Account #: _____

(The Management Company will complete this information)

Card #'s _____

(The Management Company will complete this information)

Family members in Household _____

Email Address: _____

Phone #s (H) _____

(W) _____

(In case of Emergencies)

PLEASE READ AND INITIAL THE FOLLOWING TO INDICATE CONSENT.

_____ I/We hereby acknowledge that the pool at Villages of Stonelake Estates will not have lifeguards or other attendants. I/We accept responsibility that any members of our household and other invited guests use the pool at our own risk.

_____ I/We also hereby acknowledge that members of our household or other invited guests will abide by any posted or published rules, procedures, or signs associated with the use of the Association's recreational facilities and that violations may result in suspension of privileges. I/We acknowledge that we may be held financially responsible for acts of malicious mischief or vandalism by members of our household or other invited guests that result in damage to the Association's equipment or facilities.

_____ Each Member's residence is provided one access card at no cost. The access card will open the Pool gate unless the Pool has been closed. Replacements for lost or abused cards will cost \$50.00 each. From time to time, for security reasons, the access code may be changed and you may be asked to exchange or bring in your cards for reprogramming. If you sell your property, your assigned cards must be returned to the Association's Management Company or there will be a \$50.00 charge to your account each prior to your sale closing.

_____ I/We understand not to loan a pool access card to anyone outside of our household.

_____ *Pool access can and will be revoked when HOA assessments are past due by deactivating your pool card.*

Homeowner (Print Name)

Homeowner (Signature)

Property Address

PLEASE FAX THE COMPLETED FORM TO EXCEL AT 972-578-2801
OR MAIL THE FORM TO:

Excel Association Management, Inc.
P.O. Box 941169
Plano, TX 75094

IF YOU HAVE ANY QUESTIONS, PLEASE CALL EXCEL at 972-881-7488. THANK YOU