



**SAVANNAH HOMEOWNERS ASSOCIATION  
LAP POOL ACCESS APPLICATION/ACKNOWLEDGEMENT OF RISK**

Adult #1 Name: \_\_\_\_\_

Savannah Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Adult #2 Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

As a member in good standing of the Savannah Community Association, Inc. (hereinafter may be referred to as SCA), I am entitled to full use of the Savannah Swim facilities. Management reserves the right to discontinue my use if my account is not in good standing or if I owe the Association a balance in any amount.

Therefore, in consideration of being allowed to participate in pool activities and programs of the Savannah Swim facilities without a lifeguard on duty, I do hereby waive, release, and forever discharge Savannah Community Association, Inc., Huffines Communities, Inc., FirstService Residential, Savannah Properties Associates, L.P., and their parents, subsidiaries, directors, officers, agents, employees, representatives, contractors, executors, successors, and assigns and all other acting on their behalf from any and all responsibilities or liabilities for injuries or damages resulting from my participation in any activities or my use of the Savannah Swim facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to me, including those caused by negligent act or omissions of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the Savannah Swim facilities.

Please initial \_\_\_\_\_ Please initial \_\_\_\_\_

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent any participation in any of the activities and programs of the Savannah Swim facility except hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for any participation in an exercise/fitness activity or except hereinafter stated. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity without the approval of my physician's permission to participate, and do hereby assume all risk and responsibility for my participation and activities.

Please initial \_\_\_\_\_ Please initial \_\_\_\_\_



**SAVANNAH HOMEOWNERS ASSOCIATION  
AMENITY ACCESS APPLICATION/ACKNOWLEDGEMENT OF RISK**

I hereby acknowledge that the Savannah Swim facilities will not be staffed and that there are times when a representative of the SCA may not be present. I hereby agree to expressly assume and accept any and all risks of injury and death.

Please initial \_\_\_\_\_ Please initial \_\_\_\_\_

I will be provided with access to enter the Savannah Swim facility lap pool at Holly Park between the hours of 7am and 10am during approved and seasonal pool days, not to include weekly pool cleaning day. Holly Park will be the designated lap pool until otherwise notified. Access cards may be seized or deactivated by the SCA for failure to pay dues or for inappropriate conduct by any family member or guest while using the facility. Lost or stolen cards must be reported to SCA management at 972-346-3020 immediately. Replacement cards may be purchased at a cost of \$25 each.

Please initial \_\_\_\_\_ Please initial \_\_\_\_\_

I hereby acknowledge that the Savannah Swim facility may be under video surveillance twenty-four (24) hours a day, seven (7) days a week.

Please initial \_\_\_\_\_ Please initial \_\_\_\_\_

Signature Adult #1: \_\_\_\_\_

Signature Adult #2: \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY**  
Card Number(s)

\_\_\_\_\_

\_\_\_\_\_

Received Date: \_\_\_\_\_

Entered into E-news, Kantech, Connect