



CARD#: _____
 DATE: _____ BY: _____
 CHARGE: _____ GATE: _____

Application For Access To Recreational Facilities And Release Of Liability

PLEASE NOTE: Only one card will be issued per household. Cards will only be issued to the property owner of record. In order to be issued a card, identification must be presented, and your account must be current. Cards will be inactive on past due accounts. Please allow 24 hrs for card activation (if picked up on Friday, card will be activated Monday). Card should be tested within two weeks and will not be exchanged afterward. Cost of new key is \$40.

Owner Name(s): _____ Email: _____

Tenant Name (if leasing): _____ Email: _____

Crystal Falls Address: _____

Mailing Address (if different): _____

Phone: Home _____ Wk/Cell _____ Wk/Cell _____

Tenant: Home _____ Wk/Cell _____ Wk/Cell _____

List **ALL** household members (required for pool use):

- | | | | |
|----------|--------------------|----------|--------------------|
| 1. _____ | DOB ____/____/____ | 4. _____ | DOB ____/____/____ |
| 2. _____ | DOB ____/____/____ | 5. _____ | DOB ____/____/____ |
| 3. _____ | DOB ____/____/____ | 6. _____ | DOB ____/____/____ |

I acknowledge that I have received a copy of the Crystal Falls HOA amenity rules and the amenity card key noted herein. I understand that I am fully responsible for ALL PERSONS using this card key including, but not limited to, all association members, guests, and tenants. I agree to follow the guidelines set forth therein and as may be amended from time to time, and that failure to do so may result in a suspension or revocation of privileges to use the pool and/or recreational facilities, and further, that monetary fines may be imposed upon me as a result of any violation of the amenity rules. In the event that my amenity card is lost or stolen, I understand that I must notify CFHOA immediately to avoid possible charges to my account, and I will pay the prevailing fee for the replacement of my card, which is \$40. I acknowledge that the fee may increase in the future. (The lost or stolen card will be deactivated.)

IN CONSIDERATION FOR BEING GRANTED POOL/RECREATIONAL FACILITIES ACCESS, I AGREE THAT THE USE OF ALL FACILITIES IS AT THE SOLE RISK OF THE USER. I FURTHER UNDERSTAND THAT THE USE OF ALL FACILITIES IS UNSUPERVISED AND THAT ACCIDENT, INJURY, OR DEATH MAY OCCUR AS A RESULT OF USE. I HEREBY AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS CRYSTAL FALLS HOA, INC. AND GOODWIN MANAGEMENT, INC. INCLUDING THEIR AGENTS, AND EMPLOYEES, FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, AND/OR LIABILITY ASSOCIATED WITH USE OF THE POOL AND/OR OTHER RECREATIONAL FACILITIES BY MYSELF, MY FAMILY MEMBERS, GUESTS, TENANTS, AND INVITEES.

Homeowner Signature: _____ Date: _____

If leasing the home, both owner and tenant must sign the waiver, and a copy of the lease must be provided.

TENANTS WILL BE SUBJECT TO ALL RULES.

Tenant Signature: _____ Date: _____

Mail or Email this form to the address below:
 Crystal Falls HOA
 901 Crystal Falls Pkwy, Suite 203, Leander, TX 78641
Assistant@CrystalFallsHOA.com