

Auburn Meadows Homeowners Association
Clubhouse, Fitness Center & Pool Waiver Form

To be completed by Residents 18 years & older

Name _____ Email _____

Address _____ Phone _____

Signature _____ Date _____

The clubhouse, fitness center & pool are for residents use. As a resident I abide by the guidelines listed below. In addition, should I request that a Non-Family member be permitted unescorted access as an independent guest, they will also follow the guidelines below.

In consideration of accessing the Auburn meadows facilities, I hereby:

- 1) Release Auburn Meadows Owners Association and Northwest Pool Management Inc. of any responsibility for my safety and the safety of my guest while using the facilities at any time. I will ensure my guests understand they release Auburn Meadows Owners Association and Northwest Pool Management Inc. of any responsibility for their safety through voluntary use of the facility.
- 2) Understand that use of the Fitness Center is limited to residents and invited independent guests 18 years or older and no more that one escorted person per household. Younger than 18 must be accompanied by an Adult resident.
- 3) Understand that the use of the pool is limited to residents and independent guests during general swim times to 15 years and older. Under 15 requires continuous Adult supervision, (18 years or older).
- 4) Understand that guests may not exceed 5 per resident household. Private parties are available for gatherings of more
- 5) Understand that private events require that the Host/Facilitator provide the guidelines to all active participants to ensure knowledge & gain compliance.
- 6) Understand that residents assume full responsibility for key fob. Residents must not allow access to anyone that does not want to comply with the guidelines for any of the AM facilities.
- 7) Understand the resident is responsible for any damages to Auburn Meadows and will report damages immediately.
- 8) Understand that to have access the rules/guidelines above have been read, understood and will be abided by to be allowed privileges of the AM Facility.

Independent Guest

Name _____ Email _____

Address _____ Phone _____

Signature _____ Date _____

Sign the original and return to the mailbox at 18211 Auburn Meadows Dr.