For Office Use ONLY

Use Fee Check # _____ Date Received/Posted: _____ /_____ Event Date: _____

Deposit Check # _____ Date Received/Refunded: _____ /_____ Key/CARD # _____

KNOLLCREEK HOA POOL RESERVATION
ACKNOWLEDGEMENT OF RESPONSIBILITY

POOL ACCESS CARD # _____

Event Date: _____ Event Time : _____

Homeowners Name: _____

Property Address: _____

Email*: _____Phone: _____

Type of Event: _____ Guests **(20 guests): _____**

ALL PARTIES REQUIRE TWO (2) WEEKS PRIOR NOTICE OF RESERVATION INCLUDING PAYMENT OF ALL APPLICABLE FEES.

Upon the acceptance of this agreement, I/we agree to be responsible for the acts and omissions of all guests and agree to indemnify and hold harmless the Knollcreek Homeowners Association, Inc., its agents, employees, directors, officers, contractors, and members from all claims arising from or connected with the use of the pool.

Initial Below

_____I understand Knollcreek HOA requires a **refundable security deposit of $100.00**. This is for any cleaning fees, damages, or other costs associated with this rental of the common area facilities as deemed necessary by the representative of the Association.

_____I understand that **no reservation will be confirmed until payment has been received (Please make separate checks payable to the Knollcreek HOA**). **Payment and form must be received in office a minimum of 14 days prior to the date of the requested reservation.**

_____I understand the maximum number of people allotted for a pool party is 20 people.

All reservations are granted non-exclusive pool use;

- Private parties ARE NOT allowed, and the pool will not at any time be closed to other homeowners with swimming privileges during a scheduled party.

I understand the management company will refund the deposit to me after either a pool committee member or the

management company has inspected the pool to make sure it is cleaned properly.

I agree that I am responsible for any of my guests that use the pool facilities and that I shall be responsible for paying for cleanup cost, repair cost, and damages caused by any of my guests.

Homeowners Signature: _____ Date: _____

Printed Name: _____

DAMC Representative: _____ Date: _____