

HVCA Pool Membership Form

Last Name: _____
(list bee sting allergy, asthma, epilepsy, etc. below)

First Name: _____ **Age:** _____ **Medical Info.** _____

First Name: _____ **Age:** _____ **Medical Info.** _____

First Name: _____ **Age:** _____ **Medical Info.** _____

First Name: _____ **Age:** _____ **Medical Info.** _____

First Name: _____ **Age:** _____ **Medical Info.** _____

Address: _____ **Email:** _____

Home Phone: _____ **Work #:** _____ **Cell #:** _____

Emergency Contact: _____ **Emergency Phone:** _____

Doctor / Hospital: _____ **Doctor's Phone:** _____

Membership Type: Individual Senior (60+) 2-Person Family **Homestead Resident:** (check here)

Membership Fee: \$ _____ **or (Early Bird)** \$ _____
Fees may be paid via Shopify (visit <http://hvcaonline.com>), check (payable to HVCA) or Credit Card (VISA/MC /Discover).

By signing below, I hereby acknowledge that I have received a copy of the Pool Authorization and Indemnity Agreement and the Pool Rules and Procedures, and agree to all of the terms and conditions set forth therein.

Signature: _____ **(Print) Name:** _____ **Date:** _____

Pool Authorization and Indemnity Agreement

Indemnification: I hereby agree to indemnify and hold harmless the Homestead Valley Community Association, and its officers, directors, employees, agents, and volunteers, acting officially or otherwise, from and against any and all losses, liabilities, claims, damages, judgments, and costs of any kind which arise out of or in any way are connected with my participation in the HVCA pool program or, if applicable, participation in the HVCA pool program by any minor child(ren) of which I am the parent or guardian.

Medical Treatment Consent: In case of a medical or surgical emergency, I hereby give permission to any medical personnel selected by pool staff to administer treatment. I will assume full responsibility for any such action, including payment of all costs.

Authorization for Use of Photographs/Videos: I hereby agree that any pictures or videos of me or, if applicable, my child(ren) may be used for pool training, advertising, or promotion without any compensation to me or my child(ren).

Risk of Injury: I acknowledge that some pool activities may pose risks to me or my child(ren), including the risk of serious injury or death.

Acknowledgment and Agreement: I hereby acknowledge that I have asked any questions I have about the HVCA pool policies and operations and all such questions have been answered to my satisfaction. **My signature on the HVCA Pool Membership Form and/or the HVCA Pool Program/Class Registration form evidences my agreement to all of the terms and conditions set forth above and, if applicable, my consent to my child(ren) participating in all pool activities. (Signature required on HVCA Pool Membership Form and/or HVCA Program/Class Registration Form.)**