

**PRESIDENTIAL MEADOWS HOMEOWNERS ASSOCIATION**

**c/o Goodwin Management, Inc.**

**11149 Research Blvd., Suite 100, Austin, TX 78759-5227**

**Application and Agreement to Use Pool/Recreational Facilities and Release of Liability**

**(Please Print)**

Print Name: \_\_\_\_\_ (Owner) \_\_\_\_\_ (Email address)

\_\_\_\_\_ (Spouse or Co-owner) \_\_\_\_\_ (Email address)

Home Address: \_\_\_\_\_ Pool Fob # \_\_\_\_\_

\_\_\_\_\_ (City, State) \_\_\_\_\_ (Zip)

Phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

(Spouse or Co-owner) work \_\_\_\_\_ cell \_\_\_\_\_

List **All Minors** in Household and/or **Other Authorized Adult(s)/Guardian(s)** (required for pool use)

- 1. \_\_\_\_\_ / / (D.O.B)      5. \_\_\_\_\_ / / (D.O.B)
- 2. \_\_\_\_\_ / / (D.O.B)      6. \_\_\_\_\_ / / (D.O.B)
- 3. \_\_\_\_\_ / / (D.O.B)      7. \_\_\_\_\_ / / (D.O.B)
- 4. \_\_\_\_\_ / / (D.O.B)      8. \_\_\_\_\_ / / (D.O.B)

**In consideration for being granted pool/recreational facilities access located at 12220 Dwight Eisenhower, 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, release, acquit, and hold harmless the Association, its agents, and employees from and against any and all claims, demands, causes of action, and/or liability associated with use of pool or other recreational facilities by myself, my family members, guests, tenants, and invitees. We agree to follow and obey all posted rules at all times. I further agree to inform all guests of the requirement to follow and obey all posted rules, and warrant and represent that their behavior will conform with the same.**

**The undersigned has read the above agreement and will comply with all Pool Agreement Rules and posted rules.**

Owner Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**IF LEASING HOME**, tenants must sign application below: **TENANTS WILL BE SUBJECT TO ALL RULES.**

Tenant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Please mail or fax this form to:

**FOR** – Presidential Meadows OA  
Goodwin Management, Inc.  
11149 Research Blvd., Suite 100  
Austin, TX 78759-5227

**ATTN: POOL KEY REQUEST**  
Fax: (512) 346-4873

<b><u>FOR OFFICE USE ONLY</u></b>	
Card #	_____
Date Sent/Given	_____
Check #	_____
Amount Paid	_____
Yardi Input	_____
Gates Input	_____