

HARPER'S PRESERVE COMMUNITY ASSOCIATION, INC.

Registration Form and Usage Release Agreement

Name: _____ Cell Phone: _____
Spouse's Name: _____ Cell Phone: _____
Street Address: _____ Other Phone: _____

Email 1: _____ Email 2: _____

Check as Applicable: Resident Tenant Guest of Resident or Tenant

Registered Persons for Pool Access:					
Name	Relation	Age	Name	Relation	Age
Name	Relation	Age	Name	Relation	Age
Name	Relation	Age	Name	Relation	Age
Name	Relation	Age	Name	Relation	Age
Name	Relation	Age	Name	Relation	Age
Name	Relation	Age	Name	Relation	Age

I. Authorization, Waiver, and Indemnification by Parent(s) or Legal Guardian(s) (Minor Child(ren) Under 18 years old) I, for myself, my heirs, and for any minor children listed below (each, a "User"), HOLD HARMLESS AND RELEASE HARPER'S PRESERVE COMMUNITY ASSOCIATION, INC. (the "Association"), and the Association's managers, agents, employees, affiliates, officers, and directors (the "Released Parties"), from any and all claims, causes of action, demands, losses, damages, expenses, and costs, including, but not limited to, any claim for personal injury or property damage, including death, arising out of or relating in any way to use of the Association's facilities or property (the "Property"), including any such claims arising out of or caused by any act or omission by the Released Parties, INCLUDING ANY NEGLIGENT ACTS BY THE RELEASED PARTIES, and **AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL LOSSES, DAMAGES, COSTS, AND LIABILITIES ARISING OUT OF OR CONNECTED WITH SUCH USER'S USE OF THE PROPERTY, INCLUDING ANY NEGLIGENT ACT OR ACTS BY THE RELEASED PARTIES.**

II. Authorization of Medical Treatment

In the event that I cannot be reached, I authorize and direct any employee or agent representing the Association to make emergency medical decisions for the child(ren) and release the Association from liability for the cost of such medical treatment.

III. Applicable Rules

I acknowledge and agree that I shall be always bound by the terms and conditions of the policies, rules and regulations of the Association, as currently in effect and as may be amended from time to time.

IV. Photo Release

By selecting YES, I acknowledge and agree that images of me and my family may be used in promotional materials for the Association which may be published in print, video, or digital format. YES NO

V. Constant Contact

Would you like to be added to our email distribution list: YES NO

I have read and understand the terms of these Authorization and Waivers and have willingly signed below as my own free act, being both of lawful age and legally competent and authorized to do so.

Print Name:	Print Name:
Signature:	Signature:
Date:	Date: