

Queens Lake Community Association, Inc.



(757) 229-0973 / Fax (757) 229-2652

2010 QLCA MEMBER POOL APPLICATION

Applicant's Name: _____

QL Address: _____ Home Phone: _____

_____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Emergency Contact: _____

Name	Phone #	Relationship
------	---------	--------------

Emergency Contact: _____

Name	Phone #	Relationship
------	---------	--------------

Please list all household members who plan to swim on this membership.

NAME	DOB	Medical Conditions/Allergies/Disabilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2010 Rates: Please Indicate Membership Level - Check One

Adult Single \$260
(must be 18 or older)

Adult Couple \$310
(both must be adults)

Family \$360
(three or more of any age)

Total Enclosed: \$ _____ Check # _____

The undersigned hereby agrees to the assumption of risk and release conditions noted below:

On behalf of themselves, members of their households, and all guests sponsored or invited by any person listed on the attached application, and the guardians, heirs, executors, and administrators of any and all of them in the relation to the participation by any of them at the Queens Lake Community Association pool, pool area, and adjacent Queens Lake Community Association facilities **to hold harmless** Queens Lake Community Association, Inc., and all its members, officers, directors, agents, volunteers, successors and assigns from any and all liability, actions, causes of actions, claims and demand of every kind and nature whatsoever of which any of them now have or which may arise out of

1. participation of any of the persons mentioned above in activities at or use of these facilities, and
2. any and all actions relating to emergency or rescue situations taken by Queens Lake Community Association, Inc., and any of its employees, members, officers, directors, volunteers, agents, and successors. All licensed physicians, nurses, hospitals and health care providers of any type, and all employees thereof, are hereby authorized to admit, and administer medical and surgical care to, any of the persons listed on this form (including the guests and invitees referred to above), which health care is necessary and appropriate in the discretion of the health care provider. **The undersigned hereby agrees** to be totally jointly and severally liable for all health care, emergency and other related services, including all supplies and costs associated therewith, regardless of which person or entity initially signs as the obligated party. Should the Queens Lake Community Association pay for any such costs, the undersigned shall promptly reimburse in full the Queens Lake Community Association.

Date: _____ Applicant's Signature: _____

Are you a NEW POOL MEMBER? YES NO

IF YES, Please List who recruited you to join the pool: _____