

5-digit Card # _____

Buckingham Oaks

921 S. Dearborn Way

Aurora, Colorado 80012

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SWIMMING POOL RULES

GENERAL SWIMMING HOURS — 10:00 AM TO DUSK

1. No lifeguard is on duty. **SWIM AT YOUR OWN RISK.**
2. Pool area closes at dusk. To be in the pool area after dusk is trespassing.
3. Anyone under 13 must be supervised by an adult resident 18 years of age or older.
4. Mandatory Pool Card deactivation and possible fine assessed for having glass in pool area.
5. Admittance only with access card which must be in your possession while in pool area. \$25 to replace a lost card.
6. No climbing on or over fences.
7. Do not admit anyone without a card. Keep gate securely closed.
8. An adult resident must accompany any guests. Only two guests per card are allowed.
9. No animals, smoking, food, or alcoholic beverages are permitted in pool area.
10. Dispose of trash in appropriate receptacles.
11. No diving, roughhousing, running, wheels or loud noise in pool area. Radios shall be used only with earphones.
12. Appropriate pool wear is required. No cut-off shorts
13. These are not the only pool rules; all posted and published rules must be adhered to at all times. Violations are subject to immediate pool card deactivation without notice and/or fines.

RELEASE OF LIABILITY

READ THIS RELEASE CAREFULLY, ASK ANY QUESTIONS BEFORE SIGNING AND RETAIN A COPY. YOUR SIGNATURE ACKNOWLEDGES YOU UNDERSTAND THE RELEASE, BELIEVE IT TO BE FAIR AND REASONABLE, AND AGREE TO ITS TERMS.

I/We (Print) _____ do hereby state that I/we have read and agree to the above rules and further understand that any infraction of these rules or delinquency in Association fees will result in immediate suspension of privileges to use the pool for either me or my/our family, guests, or tenants. I/We knowingly accept and assume all risks in using the swimming pool.

I/We hereby release and agree to defend, hold harmless, and indemnify the Association, its Board of Directors, Owners, Agents, Employees and Assigns, from all actions, judgments, damages, claims of any kind, and expenses including attorney fees, that may arise from usage of the swimming pools or other common elements, including personal injuries or death, either by me or by my/our family, guests, and tenants. This Release shall bind me, my family, tenants, guests, heirs, successors or assigns.

LIST NAMES OF ALL RESIDENTS

BIRTH DATES FOR THOSE UNDER 21

SIGNATURE _____ DATE _____

ADDRESS _____ PHONE _____

DAY PH. _____

ACCESS FORM

(This form must be updated annually for pool access)

ADDRESS AND UNIT NUMBER: _____

HOME PHONE NUMBER: _____

DRIVERS LICENSE # _____

NAMES OF ADULTS (18+) LIVING IN UNIT/WORK PHONE NUMBER:

_____ / _____ WORK PHONE

_____ / _____ WORK PHONE

_____ / _____ WORK PHONE

_____ / _____ WORK PHONE

NAMES / AGES OF CHILDREN (17 AND UNDER) LIVING IN UNIT:

1. _____ / _____ AGE

2. _____ / _____ AGE

3. _____ / _____ AGE

*** NON OWNER RESIDENTS MUST PROVIDE PROOF OF RESIDENCY SUCH AS DRIVERS LICENSE, LEASE, OR CURRENT PUBLIC SERVICE BILL.**

WITH MY SIGNATURE BELOW, AND BY ACCEPTING THE ACCESS CARD FOR MY UNIT, I HEREBY AGREE TO ABIDE BY THE PRINTED AND POSTED POOL RULES FOR BUCKINGHAM OAKS. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE BEHAVIOR OF MY GUESTS. I ALSO AGREE TO ABIDE BY ANY DIRECTIVE OF BUCKINGHAM OAKS EMPLOYEES, MANAGEMENT OR BOARD MEMBERS INCLUDING LEAVING THE POOL AREA WHEN REQUESTED.

RESIDENT SIGNATURE

DATE