

# **Buckingham Oaks Condominiums**

## **Aurora, CO 80012**

### **POOL OPENING**

The swimming pool will open at variable times beginning June 7<sup>th</sup> through Labor Day 2021.

Your account must be current to access the pool.

### **KEYCARD ACTIVATION**

Keycards will not be activated until all the 2021 Pool Forms have been completed and submitted. The Pool Forms are available online at:

[www.buckinghamoaks.org](http://www.buckinghamoaks.org)

Completed forms (You must complete all forms) should be dropped in the HOA drop box located on the corner of the building by the mailboxes. We try to activate cards within 24-48 hours of receiving the completed forms and verifying eligibility. Do not expect your card to be activated the same day.

### **KEYCARD DEACTIVATION**

**IF YOU FAIL TO FOLLOW THE RULES, YOUR CARD WILL BE DEACTIVATED!**  
Keycards will have pool access turned off should the unit become delinquent or if any violation of the published rules occurs. This includes allowing anyone access to the pool who does not have a working keycard.  
**IF A KEYCARD DOES NOT WORK, CALL MANAGEMENT at 303-337-5811** during regular business hours. Use of the Maintenance Emergency Pager to report keycard problems will result in the addition of a \$25.00 charge to the reactivation of the card.

Lost keycards will be deactivated prior to the issuance of a new keycard. Replacement keycards cost \$25.00.

# 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 AND INVITEES.** 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

## **Waiver of Liability and Release for Use of Pool During COVID-19**

Pursuant to Executive Order D 2020 091, issued by Governor Polis, and Public Health Order 20-28 and the Guidance for Personal Recreation issued by the Colorado Department of Public Health & Environment, the Buckingham Oaks Condominium Association (the "HOA") has determined to open its swimming pool. Every person, or a parent/legal guardian of a person under the age of 18 (the "Minor"), desiring to use or participate in activities on/in/around the swimming pools and related facilities, including restrooms (collectively, the "Pool") of the HOA must complete this Waiver of Liability and Release (the "Waiver and Release").

### **PLEASE READ THIS WAIVER AND RELEASE VERY CAREFULLY AND MAKE SURE YOU UNDERSTAND.**

COVID-19 coronavirus ("COVID-19") is extremely contagious and is believed to spread mainly from person-to-person contact. Methods of transfer include, but are not limited to, physical contact, contact through breath, and contact with stable surfaces. Additional Information about COVID-19 and COVID-19 symptoms may be found at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://covid19.colorado.gov/about-covid-19>. The HOA wants to make sure that you understand the potential risks of COVID-19 before you decide to use the Pool. There may be other risks and dangers, a complete listing of which is not possible and cannot be anticipated, and you assume all such risks and dangers, whether or not described here, known or unknown.

By signing this Waiver and Release, you recognize and acknowledge the contagious nature of COVID-19 and the threat that COVID-19 poses to the health of individuals, and you voluntarily and knowingly assume the risk that you or your Minor may be exposed to or infected with COVID-19 at the Pool, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. You understand and acknowledge that the risk of becoming exposed to or infected with COVID-19 at the Pool may result from the actions, inactions and/or omissions of yourself and/or others.

By signing this Waiver and Release you certify that you have received any and all information that you deem necessary or important in making an informed choice regarding your own or your Minor's use of the Pool, and you voluntarily agree to assume all risks and accept sole responsibility for any injury to you or your Minor (including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind), that you or your Minor may experience or incur in connection with attendance at the Pool.

You agree to indemnify and hold the HOA, its officers, employees, agents, consultants, independent contractors, and representatives (collective, the "HOA Indemnitees") harmless from any claim, liability, damage, loss, injury (including death), cost or expense relating to COVID-19 which may result from your participation, or the participation of your Minor, in any activity in or around the Pool. You further agree to release, waive and discharge, and covenant not to sue the HOA Indemnitees for any and all claims, demands, losses, costs, expenses or causes of action whatsoever arising out of any claim, liability, damage, loss or injury (including death) relating to COVID-19 as a direct or indirect result of your participation, or your Minor's participation, in any activity at the Pool. This release of liability and indemnity applies to you, the undersigned, your Minor, as well as any of your personal representatives,

assigns, heirs and next of kin. By signing this Waiver and Release, you agree that you and your Minor will only use the Pool and participate in pool activities while in good health and free of COVID-19 symptoms, including, but not limited to, fever, cough, or shortness of breath.

**You agree that you: (1) have received sufficient information regarding the use of the Pool to assess the potential degree of risk involved, and the extent of possible injury; (2) understand the activities and potential risks; (3) have carefully read and fully understand the effect of relinquishing the rights that you hereby waive; and (4) voluntarily sign this Waiver and Release.**

_____	_____	_____	_____
Name	Date of Birth	Signature of User/Parent/Guardian	Date
_____	_____	_____	_____
Street Address	City, State, Zip Code	Telephone number	

**IF MINORS UNDER 18 YEARS OF AGE WILL BE UTILIZING THE POOL, PARENT OR GUARDIAN MUST READ AND SIGN BELOW:**

I am the parent or legal guardian of the minor(s) listed below. I acknowledge that I have read this Waiver and Release and have full knowledge and understanding of its contents. I hereby agree to the terms of the Waiver and Release on behalf of the named minor(s), and give my consent for the named minor(s) to utilize the HOA's Pool. I acknowledge that by signing this Waiver and Release on behalf of the minor(s) that the minor(s) shall be bound by all terms of this Waiver and Release.

Parent/Guardian of (List Names of Minors):

\_\_\_\_\_  
\_\_\_\_\_

Parent's/Guardian's Signature:

\_\_\_\_\_  
Date: \_\_\_\_\_

5-digit Card # \_\_\_\_\_

# Buckingham Oaks

921 S. Dearborn Way

Aurora, Colorado 80012

Tel: (303)337-5811

Fax: (303)337-4961

## 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. Violators will be trespassed. Pool cards terminated.
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, alcoholic beverages, or barbecues 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. \_\_\_\_\_