



FIVE FOUNTAINS Condominium Association, Inc.

1625 N. Murray Blvd., Colorado Springs, CO 80915

719-425-9778

UNIT# _____

PHONE# _____

POOL RELEASE Form

The undersigned individual understands that use of the Five Fountains Condominium Association (FFCA) pool is at their own risk and agrees to hold harmless FFCA for bodily injury to themselves, their guests, lessee's, assigns and/or other invited parties. FFCA neither assumes nor implies any responsibility for the conduct of any individual using the pool or fixtures. NO lifeguard will ever be on duty; however, safety equipment will be present as required by statute. Swimming and pool area facility use shall be at the risk of those involved and shall not be at the risk of the Association or any management company. The Board of Directors or other authorized persons have the authority to close the pool at any time because of weather conditions, safety reasons and the like. A shower must be taken prior to entering the pool to conform to State Health Regulations. Showers must be taken at home when the Clubhouse is closed. Persons with infectious disease, open sores, bandages, or recent vaccinations shall not enter the pool or pool area.

CHILDREN UNDER AGE 14 SHALL BE ACCOMPANIED AND SUPERVISED BY AN ADULT AT ALL TIMES WHILE IN THE POOL OR POOL AREA.

ALL PERSONS OVER 14 YEARS OF AGE MUST CARRY WITH AT ALL TIMES A CELL PHONE WITH ACCESS TO 911/EMERGENCY CALLS.

NO GLASSWARE, BICYCLES, WHEELED TOYS, PETS, ROUGH-HOUSING, RUNNING, SPITTING, DIVING, JUMPING, THROWING OF ROCKS OR DEBRIS, INNER TUBES, OPEN SORES, BANDAGES, OBSCENE ACTS OR LANGUAGE PERMITTED AT ANY TIME IN THE POOL AREA. **NO ALCOHOL, CIGARETTES, MARIJUANA, DRUGS ALLOWED IN POOL AREA.** Additional rules and regulations are posted in the pool area. In accordance with the Rules & Regulations of FFCA, violations will be enforced.

Maximum of 4 guests per unit.

The Undersigned understands that signing this Release Form qualifies him/her for access to the FFCA pool DURING AUTHORIZED hours of the day only.

Return this signed form along with a copy of your DL/ID to the clubhouse mailbox or to hoafivefountains@gmail.com

If you are not an owner, also send the first page of the lease showing your name.

DATE SIGNED: _____

NAME (Undersigned): _____