

SCOFIELD PHASE 8 (RIDGE AT SCOFIELD FARMS)

c/o GOODWIN MANAGEMENT, INC.

11149 Research Blvd., Suite 100, Austin, TX 78759-5227

Application to Use Pool/Recreational Facilities and Release of Liability

(Please Print)

Print Name: _____ (Head of Household) _____ (Email address)
_____ (Spouse or Co-owner) _____ (Email address)

Home Address: _____

Phone: home _____ work _____ cell _____
(Spouse or Co-owner) work _____ cell _____

List all minors in household (required for pool use)

- 1. _____ /____/____ (D.O.B) 5. _____ /____/____ (D.O.B)
- 2. _____ /____/____ (D.O.B) 6. _____ /____/____ (D.O.B)
- 3. _____ /____/____ (D.O.B) 7. _____ /____/____ (D.O.B)
- 4. _____ /____/____ (D.O.B) 8. _____ /____/____ (D.O.B)

In consideration for being granted pool/recreational facilities access, I agree that the use of all facilities is at the sole risk of the user. I further understand that the use of all facilities is unsupervised and that accident, injury, or death may occur as a result of use. I hereby agree to defend, indemnify, and hold harmless the association, its agents, and employees from and against any and all claims, demands, causes of action, and/or liability associated with use of pool or other recreational facilities by myself, my family members, guests, tenants, and invitees.

The undersigned has read and will comply with all posted rules.

Signature(s): _____ Date _____
_____ Date _____

Please mail or fax this form to:

SCO – Scofield Farms
Goodwin Management, Inc.
11149 Research Blvd., Ste. 100
Austin, TX 78759

ATTN: POOL KEY REQUEST
Fax: (512) 346-4873

FOR OFFICE USE ONLY
Card # _____
Date Sent/Given _____
Check # _____
Amount Paid _____
Yardi Input _____
Gates Input _____