



MEMBERSHIP CARD REQUEST FORM

ADDRESS _____ ZIP _____

EMAIL _____ PHONE _____

- PRINT the names of all permanent household residents (only) who will be using the pool facilities. For Houseguest and Custodial Caregiver passes, contact the business manager. Erika Taranowski 925-980-8767 manager@rpha.info
- Fill out the Emergency Information.
- No admittance without a card during open swim. The lost card fee is \$15.00 per card.
- Infants under one year on May 1st do not need a card.

NAME	BIRTH DATE (If under 18)

No admittance without a card. Lost card fee \$15.00 Bad check fee \$85

EMERGENCY INFORMATION CARD

Parental Work Phone Numbers and/or Local Emergency Contacts

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Please list any special health problems, severe allergies, or allergies to any medications for those requesting membership cards:

In case of emergency, an effort will be made to notify you immediately. In the event we cannot reach you, we will attempt to contact the people listed above. If no one can be contacted above, is RPHA given permission to take your child to the hospital or doctor. Yes ____ No ____

Parent (Please Print) _____ Parent Signature _____



RHONWOOD PARK HOMEOWNERS ASSOCIATION

P.O. BOX 263

LIVERMORE, CA 94551-0263

E-mail: manager@rpha.info

Phone: (925) 980-8767

PHOTO, AUDIO AND VIDEO RECORDING CONSENT AND RELEASE

In order to assist the Rhonewood Park Homeowners Association (RPHA) with maintaining the health, safety and welfare of it's members and guests, and to assist RPHA in preventing and/or determining the cause of potential accidents, some (e.g. parking lot, swimming pool surface, decks, etc.), but not all of the public areas of the RPHA complex are continuously monitored by an Audio and Video Recording system. This system does NOT monitor non-public areas like restrooms or changing rooms.

I, _____(print name) on behalf of myself, my family, and my guests, as an express condition of using the RPHA facilities, voluntarily acknowledge, consent and grant to Rhonewood Park Homeowners Association, the irrevocable right and permission to audial and video record our presence while we are in certain public areas of the RPHA complex.

I understand that I am hereby releasing RPHA from any claims, demands, losses, damages, legal action, and liabilities of any kind whatsoever that result from the audio and video recording of some of the RPHA facility public areas. I further understand that RPHA shall not use the audio and video recordings for commercial purposes, shall only be accessible by RPHA, and shall only be released for the reasons stated above.

I hereby certify that I am a member of the RPHA and that by signing this form, I acknowledge I have completely read and fully understand the above consent/release and agree to be bound thereby. I, on behalf of myself, my family and guests, hereby release any and all claims against the RPHA, its Board of Directors, its members and employees from any and all claims resulting from the audio and video recording of certain public areas of the RPHA facility.

Participant Name (please print) _____ Address _____

Participant Signature _____ Date _____

Assumption of Risk

I, _____ am aware that swimming in the community pool is a potentially hazardous activity. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all risks of injury or death, and verify this statement by placing my initials here: _____. Furthermore, I am giving my consent for my minor children and guests to participate in this activity with knowledge of the danger involved and hereby agree to accept any and all risks of injury or death for and of my minor children and guests, and verify this statement by placing my initials here: _____.

Release

I hereby agree that I, my assignees, heirs, guardians, and legal representatives will not make a claim against, sue, or attach the property of Rhonewood Park Homeowners Association, nor its agents, representatives, or the members of that Association, for damages, injury or death resulting from the use of the community swimming pool at Rhonewood Park Cabana Club no matter how caused. I hereby release the Rhonewood Park Homeowners Association, its agents, representatives, and members of the Association from all actions, claims, or demands that I, my assignees, heirs, guardians, and legal representatives may hereafter have for injury or damage resulting from my or my minor children's and guests' use of the community swimming pool and surrounding pool area.

Knowing and Voluntary Execution

I have carefully read this Swimming Pool Use Liability Release and Agreement and fully understand its contents. I am aware that this is a Release of Liability between myself and The Rhonewood Park Homeowners Association and its Members, and I sign it of my own free will.

Name of Member (Please Print)

Signature of Member

Address of Member

Date of Member's Signature