



**RHONEWOOD PARK HOMEOWNERS ASSOCIATION**

**P.O. Box 263**

**Livermore, CA 94551-0263**

**Custodial Caregiver Consent Form**

\_\_\_\_\_  
Member's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Custodial Caregiver's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Your Children's Names:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Age:

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

\_\_\_\_\_  
Caregiver's Children:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Age:

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

1. I hereby give my permission for my caregiver \_\_\_\_\_  
to be responsible for the above named children while swimming at the Rhonewood  
Park Cabana Club facility.
2. This caregiver is at least 16 years old during open swim.
3. I fully absolve the Rhonewood Park Homeowners Association from any liability.
4. I understand that this permission may be revoked at any time if my caregiver and the  
child/ren under his/her care do not strictly adhere to the pool rules.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

To order a Caregiver Card, please send form and **\$40** card fee for the 2025 season.  
Returned check fee of \$85 to address above or give to Gate Checker during Open Swim  
hours. Please note that ordered cards will be available at the Cabana Club  
during Open Swim hours within 1 to 2 days from the date the order was received.  
Contact the Business Manager, with any questions at [manager@rpha.info](mailto:manager@rpha.info) 925-980-8767

### 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)

Address of Member	Phone:

Member's Signature

Date

Erika Taranowski 925-980-8767  
General Operations Business Manager  
manager@rpha.info

Cabana Club: 447-4351



WWW.RPHA.INFO



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LIVERMORE, CA 94551-0263

E-mail: [manager@rpha.info](mailto:manager@rpha.info)

Phone: (925) 980-8767

**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 \_\_\_\_\_