

WOLFE POINTE POOL

**RELEASE OF LIABILITY AGREEMENT AND
ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING
OF POOL RULES**

I, being of lawful age (18 years old or older), in consideration for being permitted to use the Wolfe Pointe pool and pool area by the Wolfe Pointe Property Owners' Association (WPPOA), do for myself, my heirs, and executors hereby release and forever discharge the WPPOA , its board members and property owners from any loss and damages, and from every claim arising from any bodily or personal injuries, death, or property damage resulting from any accident/incident which may occur as a result of my using the pool and pool area.

I further agree to indemnify the WPPOA and all property owners from any loss, liability, damage or cost it may incur due to my use of the pool and pool area.

I hereby further assume full responsibility for the risk of bodily injury, death, or property damage for myself, my minors and my guests while using the pool and pool area. I also understand that I am fully responsible for my minors and my guests even in my absence.

I expressly agree that this release and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Delaware, and that if any portion thereof is invalid, it is agreed that the balance shall continue in full and legal force and effect.

I further acknowledge receipt and understanding of the Wolfe Pointe rules, including but not limited to those relating to the usage of the pool and the pool area and agree to abide by them. In addition, I agree to explain these rules to my guests, and will accept full responsibility for their conduct while they are using the pool and pool area.

I/We have read the above and accept and agree to be bound by all the terms and conditions set forth herein.

PRINT

Name _____ Sign _____ Date _____

Name _____ Sign _____ Date _____

Name _____ Sign _____ Date _____

Name _____ Sign _____ Date _____

Address: _____ Lot # _____

Phone number: _____ email _____

Pool Pass: \$15 for initial pass - \$20 each additional. Amount enclosed: _____

(Make checks payable to WPPOA. Call Mate McCain to arrange for your pass(es) at 644-3488. Passes will be issued only after signed form and payments are received.)