

HPHA Community Pool

RELEASE OF LIABILITY FORM 2026

(HPHA resident's street address)

I have read, understand, and agree to abide by the Holiday Park Homeowners Association (HPHA) Pool Rules attached to this release and available at www.hpha.org.

- I understand that **HPHA DOES NOT PROVIDE LIFEGUARDS** at the pool and that I am solely responsible for the safety and actions of my family, my guests, and myself. The responsibility of pool attendants, who may occasionally be present, is limited to maintenance of the pool facilities and reminding members and guests of the pool rules.

HPHA, its board of directors, its committee members, its manager of pool operations, and all individual member homeowners are hereby released from all claims resulting from any injuries or death to myself, my family, and my guests occurring in the pool, in the pool area, or on any other HPHA property.

HPHA Resident/Owner (printed name)

Resident/Owner (signature)

Date

Replacement key fobs cost \$25. HOA dues must be current to purchase a new pool key fob.

- WAIVER FOR CHILDREN ages 10 to 17 granting unsupervised use of the HPHA pool as outlined in the Holiday Park 2026 Pool Rules

I hereby grant permission for my children, ages 10 to 13 years old, to swim in the Holiday Park Homeowners Association (HPHA) pool **when a pool attendant is present, but without my supervision or the supervision of any other adult.**

I hereby grant permission for my children age 14 years and older to swim in the Holiday Park Homeowners Association (HPHA) pool unsupervised by me or any adult. I also understand that a pool attendant may not be present.

By signing below, I accept full responsibility for the safety and actions of my children while at the pool. I release HPHA and all individual homeowners from any and all claims resulting from any injuries or deaths to my children, or any injuries or deaths to others caused by my children, occurring in the pool or pool area. This waiver does not change or invalidate any of the HPHA 2026 Pool Rules. My signature below confirms my understanding and acceptance of these terms.

HPHA Resident/Parent (Printed Name)

Resident/Parent (Signature)

_____ Name of Child _____ Age/Birth Date

_____ Name of Child _____ Age/Birth date

_____ Name of Child _____ Age/Birth date

_____ Name of Child _____ Age/Birth date