

**GREYTHORNE HOA POOL MEMBERSHIP APPLICATION**

This application form **MUST BE SIGNED BY THE OWNER** who is being granted access to the Greythorne pool. This application should be used for all members of the household. A household consists of all persons living in a dwelling, including college students, other non-resident children spending the swim season, and live-in care providers. To obtain an Access Card, this form **must be completed and returned** to:

**Omni Management Services, PO Box 441570, Indianapolis, IN 46244**

\_\_\_\_\_ NEW (\$30 CHECK)

\_\_\_\_\_ REPLACEMENT (\$30 CHECK)

**OWNER NAME:** \_\_\_\_\_

**ADDRESS OF PROPERTY:** \_\_\_\_\_

**OWNER MAILING ADDRESS (IF DIFFERENT THAN PROPERTY ADDRESS):** \_\_\_\_\_

**OWNER PHONE & EMAIL:** \_\_\_\_\_

**PHONE OF LEASEE/RENTER:** \_\_\_\_\_ **EMAIL OF LEASEE/RENTER:** \_\_\_\_\_

**EMERGENCY CONTACT NAME & PHONE:** \_\_\_\_\_

**NUMBER OF HOUSEHOLD MEMBERS LIVING AT THIS RESIDENCE WHO WILL ACCESS THE POOL:** \_\_\_\_\_

The undersigned acknowledges that:

He/she received the Greythorne Pool Rules and agrees that he/she, resident of the property, and his/her guests will abide by them. Any misuse can result in the Access Card being deactivated and Pool Membership being revoked;

He/she acknowledges use of the Access Card is recorded by the security system and such access may be reviewed from time to time for investigative purposes;

He/she will notify Omni Management Services immediately if an Access Card is lost or stolen;

Residents/Volunteers/Pool Committee Members/Board Members have the right to do random checks for Access Cards;

That the Access Cards remain the property of the Association, and the Association requires a replacement fee for a lost card;

And; In consideration of the provided swimming pool facility privileges, the undersigned expressly agrees to assume the risk of any accident or personal injury which he/she or any member of his/her family or any guest of the undersigned may sustain while using said facilities and also assume liability for any damages to common facilities caused by any of the above mentioned parties and agrees that the Association, Omni Management Services, and/or its Management Agent will in no way be liable for any such injury or damages unless due to gross negligence on the part of the Association and/or Agent.

Signature of Owner: \_\_\_\_\_ Date \_\_\_\_\_

New Card Number: \_\_\_\_\_ (Omni Management will insert new card number for new activation)

List of names and the relationship to the Owner/Leasee/Renter of all persons who are included in this household and are eligible to use the pool.

Name and Relationship	Name and Relationship

**ANY PAYMENT REQUIRED MUST BE SUBMITTED WITH THIS APPLICATION.**