



Lakewood Pool

Annual Membership Application Sign-up

Pool Membership open to all residents of the Baytown area.

_____ \$199 Family Membership _____ \$125 Grandparent Membership

Name: _____
Address: _____
Home Ph# _____
Emergency Phone#: _____
Email Address: _____

- Family Membership = 2 Parents & up to 4 Children (under 18) must reside at same household (please provide ID's) extra kids \$20 each
- Grandparent Membership = 2 Grandparents + Grandchildren (**not** living at same residence) – please provide ID's

| Members of Household | Relation (circle one) | Age of children |
|----------------------|-----------------------|-----------------|
| | Dad / Mom | Adult |
| | Dad / Mom | Adult |
| | Daughter / Son | Child age - |
| | Daughter / Son | Child age - |
| | Daughter / Son | Child age - |
| | Daughter / Son | Child age - |

***MEMBERSHIPS SUBJECT TO REVIEW BY POOL BOARD.**

Cash, card, cash app or check - Make Checks Payable to: **Lakewood Pool**

President: James Springer 832-541-3505
 Treasurer: Frank McKay 281-682-8397

WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

To be completed and signed by every Member / Spouse (or Guardian)

DISCLAIMER: LAKEWOOD POOL CLUB IS NOT RESPONSIBLE FOR ANY INJURY INCLUDING DEATH OR LOSS OF PROPERTY TO ANY PERSON SUFFERED WHILE PARTICIPATING IN THE USE OF THE POOL AND ITS FACILITIES.

In consideration of my participation in and use of the **POOL PREMISES**, I hereby release and covenant not to sue **Lakewood Pool Club**, it's Board of Directors, agents and/or lessees from any and all present and future claims resulting from ordinary negligence and inherent risk of use of the **POOL PREMISES** including, but not limited to, any loss, injury, damage or liability sustained by me while on or about the **POOL PREMISES**.

I am fully aware and understand that **Lakewood Pool Club** does not have on or about the **POOL PREMISES**, or employ or contract with any medical services, provisions for ordinary or emergency medical services including, but not limited to, emergency cardiovascular services. No Lifeguards will be on duty. Children must be supervised by a Parent/Guardian.

I will ensure that we will only use the pool premises when we are all healthy and not showing signs of Covid-19 or any other major illness, running a temperature or are feeling sick.

I assume all the foregoing risks and accept personal responsibility for any damages and loss following any loss of property, injury, permanent disability or death resulting there from.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISK. MY FAMILY HAS READ AND UNDERSTANDS ALL POOL RULES.

Member Names (Parents/Guardian)

Print Name _____

Print Name _____

Signature _____

Signature _____

Date: _____

Date: _____