

2016 HERITAGE POOL MEMBERSHIP APPLICATION

This application form **MUST BE SIGNED BY THE OWNER** who is being granted access to the pool for the 2016 swim season. 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. In order to obtain an Access Card, this form **must be completed and returned** to Main Street Management, 9165 Otis Ave. #216, Indianapolis, IN 46216.

_____NEW _____ACTIVATE EXISTING CARD _____REPLACEMENT (\$25 CHECK)

OWNER NAME: _____

ADDRESS OF PROPERTY: _____

OWNER MAILING ADDRESS: _____ OWNER PHONE & EMAIL: _____
(IF DIFFERENT THAN PROPERTY ADDRESS)

IS THIS PROPERTY LEASED/RENTED? YES/NO PROVIDE NAME OF LEASEE/RENTER: _____

PHONE OF LEASEE/RENTER: _____ EMAIL ADDRESS 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 has received the 2016 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 Main Street Management 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 the said facilities and agrees that the Association, Main Street Management, LLC and/or its Management Agent will in no way be liable for any such injury unless due to gross negligence on the part of the Association and/or Agent.

Signature of Owner

Existing Card Number: _____
(Owner must insert existing card number for reactivation.)

Date

New Card Number: _____
(Main Street will insert new card number for new activation.)

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

Name and Relationship	Name and Relationship

ANY PAYMENT REQUIRED MUST BE SUBMITTED WITH THIS APPLICATION.