

**Stone Oak, HOA**  
**c/o GOODWIN MANAGEMENT, INC.**  
**11149 Research Blvd., Suite 100, Austin, TX 78759-5227**

Application to Use Pool/Recreational Facilities and Release of Liability

**(Please Print)**

Print Name: \_\_\_\_\_ (Email address) \_\_\_\_\_  
 \_\_\_\_\_ (Head of Household) \_\_\_\_\_  
 \_\_\_\_\_ (Spouse or Co-owner) \_\_\_\_\_ (Email address)

Home Address: \_\_\_\_\_

Phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_  
 \_\_\_\_\_ (City, State) \_\_\_\_\_ (Zip)  
 \_\_\_\_\_ (Spouse or Co-owner) work \_\_\_\_\_ cell \_\_\_\_\_

List all minors in household (required for pool use)

- |                              |                              |
|------------------------------|------------------------------|
| 1. _____ / ___ / ___ (D.O.B) | 5. _____ / ___ / ___ (D.O.B) |
| 2. _____ / ___ / ___ (D.O.B) | 6. _____ / ___ / ___ (D.O.B) |
| 3. _____ / ___ / ___ (D.O.B) | 7. _____ / ___ / ___ (D.O.B) |
| 4. _____ / ___ / ___ (D.O.B) | 8. _____ / ___ / ___ (D.O.B) |

**In consideration for being granted pool/recreational facilities access, I agree that the use of all facilities is at the sole risk of the user. I further understand that the use of all facilities is unsupervised and that accident, injury, illness, or death may occur as a result of use. I hereby agree to defend, indemnify, and hold harmless the association, its agents, and employees from and against any and all claims, demands, causes of action, and/or liability associated with use of pool or other recreational facilities by myself, my family members, guests, tenants, and invitees.**

**The undersigned has read and will comply with all posted rules.**

Signature(s): \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

**IF LEASING HOME, tenants must sign waiver below: TENANTS WILL BE SUBJECT TO ALL RULES.**

Tenant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Please mail or fax this form to:

**SOH** —Stone Oak, HOA  
 Goodwin Management, Inc.  
 11149 Research Blvd., Ste. 100  
 Austin, TX 78759

**ATTN: POOL KEY REQUEST** Fax: (512) 346-4873

<b>FOR OFFICE USE ONLY</b>	
Card #	_____
Date Sent/Given	_____
Check #	_____
Amount Paid	_____
Yardi Input	_____
Gates Input	_____