

2022 Westfield Pool LEASE Application

I/we hereby apply to lease a current lifetime membership from the member listed in Section A for the _____ (year) season. The season runs from opening to closing day of the specified season. I have paid current lifetime member directly for this privilege. I understand the fee I paid to lease this membership **can not** be applied toward an Individual Lifetime Transferable Membership nor does it guarantee that a membership will be available for lease next season.

Applications will not be accepted at the facility. Members will need to email or mail in their requests.

A. MEMBER INFORMATION: (please print) Member # (if known) _____

Name _____ Date of Birth ____/____/____

Spouse Name _____ Date of Birth ____/____/____

Address / City / State / Zip _____

Home (____)____ - _____ Work (____)____ - _____ Cell (____)____ - _____ Cell (____)____ - _____

Email _____

B. LEASOR INFORMATION: (please print)

Name _____ Date of Birth ____/____/____

Spouse Name _____ Date of Birth ____/____/____

Address / City / State / Zip _____

Home (____)____ - _____ Work (____)____ - _____ Cell (____)____ - _____ Cell (____)____ - _____

Would you be interested in receiving notices or announcements via e-mail? _ Yes _ No

E-mail(s) _____

Emergency Contact: _____ Home (____)____ - _____ Work (____)____ - _____

C. DEPENDENTS (Any persons, 22 years or younger, living at the same residence and dependent on the head of household for financial support.)

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

A regular babysitter or nanny may accompany a child member to the pool in lieu of a parent without having to use a guest pass.

Babysitter or Nanny _____ Date of Birth ____/____/____

D. BYLAWS – The undersigned applicant agrees to conform to and be bound by the ByLaws, and the Rules and Regulations of Westfield Pool, as they may be amended from time to time.

Signature _____ Date ____/____/____ Signature _____ Date ____/____/____

If you have questions regarding membership, please call (970) 775-8466 or email admin@westfieldpool.org

Mail or Email signed form to:

**Westfield Pool • 1515 Westfield Drive • Fort Collins, CO 80526 • 970.775.8466
admin@westfieldpool.org**



POOL OF DREAMS, LTD.

POOL RULES AND REGULATIONS ACKNOWLEDGEMENT FORM

1. Members must sign and return this form prior to using the pool for the first time each season or admission will be delayed until completion.
2. I have reviewed the Westfield newsletter found under the "What's New" section and the bylaws under the "Policies" section at westfieldpool.org.
3. I understand Westfield uses a swimming test/wristband system to identify non-swimmers under the age of 10, and that a guardian must be within one arm's reach of them in the water.
4. No alcohol is allowed on the Westfield grounds and violators will be asked to leave immediately.
5. I have reviewed the rules about gatherings of more than 10 people and agree to give proper notice and pay the appropriate fees. I understand my group may be turned away if these policies are not observed.

"I have read and acknowledge the above rules and regulations governing the safe use of the swimming pool and assume full responsibility for any actions that violate these rules."

Signature

Date

Name (Please Print)

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

WESTFIELD POOL has put in place measures that WESTFIELD POOL hopes will minimize any increase in risk of spreading COVID-19 that might result from activities at WESTFIELD POOL. However, WESTFIELD POOL cannot guarantee that you will not become infected with COVID-19 or that you will not become a carrier of COVID-19. Further, visiting WESTFIELD POOL could increase your risk of contracting COVID-19 and your risk of carrying COVID-19 and infecting others who do not visit the pool.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I (and/or my family members) may be exposed to or infected by COVID-19 by visiting WESTFIELD POOL that such exposure or infection may result in personal injury, illness, permanent disability, and death to me and to others, including others who do not visit the pool. I understand that the risk of becoming exposed to or infected by COVID-19 at WESTFIELD POOL may result from the actions, omissions, or negligence of myself and others, including, but not limited to, WESTFIELD POOL Board, employees, subcontractors and members.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to me (and/or my family members) or others, including, but not limited to, personal injury, disability, death, or illness and all resulting damages, losses, claims, liabilities, and expenses, of any kind, that may occur in connection with my visiting WESTFIELD POOL. I hereby release, covenant not to sue, agree to indemnify, discharge, and hold harmless WESTFIELD POOL, its Board, employees, subcontractors, members, of, from, and against the Claims, including all liabilities, claims, actions, damages, costs or expenses, including attorneys' fees, of any kind arising out of or relating thereto. I understand and agree that this release and assurance of indemnification includes any Claims based on the actions, omissions, or negligence of WESTFIELD POOL, its Board, employees, subcontractors, members, whether a COVID-19 infection occurs before, during, or after visiting WESTFIELD POOL.

Signature: _____

Printed Name: _____ Date _____

Membership #: _____