

2023 LIFETIME MEMBERSHIP

TRANSFER FORM

WESTFIELD POOL

1515 Westfield Drive
Fort Collins, CO 80526
970.775.8466

Pursuant to the bylaws of Pool of Dreams, Ltd., aka Westfield Pool (Pool), we have sold our Lifetime Membership in the Pool and assign all of our rights and responsibilities as members of the Pool to the buyers named below. Both the Buyer and the Seller understand that this transfer is contingent upon the completion of a new Lifetime Membership Application by the Buyer and acceptance by the Board of Directors.

Lifetime Membership annual dues are the responsibility of the Buyer.

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

PRIOR MEMBER INFORMATION (SELLER):

Name _____

Address _____

City _____ State _____ Zip _____

Home (_____) _____ - _____ Work (_____) _____ - _____

NEW MEMBER INFORMATION (BUYER):

Name _____

Address _____

City _____ State _____ Zip _____

Home (_____) _____ - _____ Work (_____) _____ - _____

Email for account login (required) _____

PRIOR MEMBER (SELLER):

Signature _____ Date ____ / ____ / ____

Signature _____ Date ____ / ____ / ____

NEW MEMBER (BUYER):

Signature _____ Date ____ / ____ / ____

Signature _____ Date ____ / ____ / ____

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

Revision March 2023

2023 Westfield Pool Membership

Any membership openings are filled in the order in which they are received.

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

Choose: **NEW** Application **TRANSFER** Application **UPDATE** required annually (Complete Sections A, B & D)

A. MEMBER INFORMATION (Adult/Guardian): *(please print)*

Name _____ Spouse Name _____

E-mail _____ E-mail _____

Address _____

Home (____)____-_____

Work (____)____-_____

Cell (____)____-_____

Date of Birth ____/____/____

Work (____)____-_____

Cell (____)____-_____

Date of Birth ____/____/____

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

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

B. 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 ____/____/____

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. HOWEVER, the babysitter is NOT ALLOWED in the pool without the child member s/he is responsible for watching.

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

C. TYPE OF MEMBERSHIP: *(please check one)*

Lifetime Transferable *(select a payment option)*

Summer Family Conversion Special \$2,000 payment must be postmarked by May 15th (see www.westfieldpool.org for details)

One-Time Payment \$2,500 payment and NO annual dues for current season

The following memberships are available for only one year: **

Summer Family \$500 Family * - Same Household, no annual dues

Summer Limited \$250 Two Adult Members - Same Household, 18 years or older, no annual dues

Summer Student \$250 Student – MUST have a Student ID, 10 years or older, no annual dues

Summer Senior \$110 Senior – MUST be 65+ years, no annual dues

** Family consists of head(s) of household limited to two persons and their dependent children who are 22 years or younger dependent on the head of household for financial support. Dependents and heads of household must be living at the same residence.*

*** There will be no refunds for summer memberships.*

Referred by Westfield Member: _____

New Members: How did you hear about Westfield Pool? Circle: Word of Mouth, Website, The Recreator, Parent Magazine, Road Sign, Other: _____

D. BYLAWS / COVID-19 Waiver – The undersigned applicant agrees to conform to and be bound by the Bylaws, and the Rules and Regulations of Westfield Pool, and Covid-19 waiver. Annual dues will be assessed in addition to membership fee.

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

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

Mail form and payment to: (or use top link to create account online)

Westfield Pool • 1515 Westfield Drive • Fort Collins, CO 80526 • 970.775.8466



**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 #: _____