

2018 BROOKHAVEN-FIELDSTONE POOL MEMBERSHIP APPLICATION

(Existing homeowners who have a pool access card from a prior season DO NOT need to fill out this form)

This application form **MUST BE SIGNED BY THE OWNER** who is requesting access to the pool for the 2018 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 with payment to Omni Management Services at P.O. Box 441570 Indianapolis, IN 46244.**

Check one: New Replacement (\$20 check payable to Brookhaven-Fieldstone HOA)

OWNER NAME: _____ COMMUNITY NAME: Brookhaven-Fieldstone Master HOA

ADDRESS OF PROPERTY: _____

OWNER MAILING ADDRESS _____ (If different than property address)

OWNER PHONE & EMAIL: _____

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

LESSEE/RENTER PHONE & EMAIL: _____

EMERGENCY CONTACT NAME & PHONE: _____

NUMBER OF HOUSEHOLD MEMBERS LIVING AT THIS RESIDENCE WHO WILL ACCESS THE POOL: _____

The undersigned acknowledge that:

He/she has reviewed the 2018 Pool Rules located on the community website www.BrookhavenZionsville.org or www.FieldstoneZionsville.org 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 OMNI immediately if an Access Card is lost or stolen;

He/she understands that if Brookhaven-Fieldstone HOA dues are not paid current, then access to the pool will be revoked;

Residents/Volunteers/Board Members have the right to do random checks for Access Card;

The Access Card remains 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 household or any guest of the undersigned may sustain while using the said facilities and agrees that the Association, OMNI 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: _____

Date: _____

New Access Card Number: _____

(OMNI will insert new card number for activation)

ANY PAYMENT REQUIRED MUST BE SUBMITTED WITH THIS APPLICATION