

**Woodlake Pool Membership Verification Form – 2024**

Return to [forms@casnc.com](mailto:forms@casnc.com) or Woodlake, PO BOX 83, PINEHURST NC 28370

Card Number: \_\_\_\_\_ (if you are in need a replacement card, please select box below)

**Section 1: Homeowner(s) Information:**

Include the name(s) of the actual homeowner

Last Name: \_\_\_\_\_ M.I. First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ M.I. First Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Email: \_\_\_\_\_

**Section 2: Additional Information:**

Include additional house residents such as children, renters, or other permanent resident(s) not listed as an owner. Listed persons must reside in the house. **Do not list non-resident guest(s).**

Name (1) \_\_\_\_\_ Age: \_\_\_\_\_

Name (2) \_\_\_\_\_ Age: \_\_\_\_\_

Name (3) \_\_\_\_\_ Age: \_\_\_\_\_

Name (4) \_\_\_\_\_ Age: \_\_\_\_\_

If additional space is needed, use back of form, and check here \_\_\_\_\_

If early morning admission for adult lap swimming is requested, check here \_\_\_\_\_

**I am in need of a replacement card for \$10.00 fee. (An invoice will be emailed to you)**

Submission of this membership verification form indicates that the above listed homeowners certify the members of their household and agree to abide by the posted rules of the pool. Further, homeowners agree that any violation of the pool rules by themselves, additional household residents or sponsored guests could result in the suspension of pool privileges and/or additional actions as outlined in the Woodlake Homeowners Association Handbook.

By signing below, **I waive and release all claims** against the Association, its officers, directors, managers, members, management company, property manager(s), agents, and sub and/or affiliated homeowners associations, and their officers, directors, managers, members, management company, property manager(s) and agents, arising out of or related to the use of the pool and related amenities, including those related to any exposure to COVID-19. By signing below, I agree to indemnify and defend the Association and its Board for any claims made against the Association or its Board related to the undersigned's and/or my guests' use of the pool and related.

Homeowner Signature(s): \_\_\_\_\_

By initialing here, I verify that I have reviewed and understand the Woodlake Homeowner Association Handbook (found at [www.woodlakecommunity.com](http://www.woodlakecommunity.com)).

By initialing here, I verify that I have reviewed and understand the Woodlake Homeowner Association Pool Rules and agree to follow. ([www.woodlakecommunity.com](http://www.woodlakecommunity.com)). Access to the pool is for Woodlake residents and their invited guests only.

By initialing here, I agree to abide by all public health guidelines and mandates, particularly to comply with Covid-19 safety measures.