

# LVPOA POOL KEY FOB APPLICATION AND USE AGREEMENT

**Pool Opens:** Saturday, May 24th, 2025 (Memorial Day Weekend)

**Pool Closes:** Monday, September 1st, 2025 (Labor Day Weekend)

Check one:	<input type="checkbox"/> Lakewood Village Resident	<input type="checkbox"/> Associate Member ( <u>\$425 annual fee</u> )
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**Return completed, signed form with check (if Associate Member), made out to “LVPOA” to this address:**

**LVPOA, P.O. Box 14702, Springfield, MO 65814**

**Lakewood Village Residents may also email the form to *lakewoodvillagepoa@gmail.com***

Name: \_\_\_\_\_

Family Members in household (name/age):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Key Fob #'s (if previous pool member)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Check here if you've never had a key fob

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

Telephone # \_\_\_\_\_

- I understand that Key Fob applications/renewals are required **annually**. Fobs will not be activated until dues are current and this application has been completed and returned.
- I acknowledge that I have read and understand the LVPOA Swimming Pool Information and Rules. I also understand violation of these rules could result in suspension of pool privileges.
- I will be swimming at my own risk and will not hold LVPOA, or its officers, responsible for accidents.
- I understand that I am responsible for family members and guests that I bring to the pool and the same rules apply to them.
- I understand the diving board rules and agree to compensate LVPOA for damages caused by myself, my family or guests.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT.** I waive any and all claims or actions that may rise against LVPOA, its successors or assigns, as well as its owners, directors, employees or volunteers, as a result of such injury, loss, theft or damage to any such person, including, and without limitation, personal, bodily or mental injury, economic loss or any damage to me, my spouse, my children, or guest resulting from the negligence or future negligence of LVPOA, its successors or assigns, as well as its owners, directors, employees or volunteers, relating to the operation of the pool or pool facilities. I agree to defend, indemnify and hold LVPOA, its successors or assigns, as well as its owners, directors, employees or volunteers, harmless against any claims arising out of the negligent or willful acts or omissions of me, any person that is part of my membership, or any guests brought under my membership.

**I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ABOVE, INCLUDING, BUT NOT LIMITED TO, THE RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT AND I HAVE RECEIVED A COMPLETE COPY OF THE “SWIMMING POOL INFORMATION AND RULES.”**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**All members of the household over the age of 18 must sign this waiver before key fobs will be activated.**

**PLEASE SIGN ON BACK IF ADDITIONAL SIGNATURES ARE REQUIRED.**