

BAILEY'S ARBOR MASTER ASSOCIATION
POOL KEY FOB APPLICATION

In order to receive your pool key FOB the following form must be completed.

Name: _____

Address: _____

Phone: _____

1. I have received a copy of the pool rules.
2. I agree to abide by and follow all Association pool rules.
3. I understand that I/we will be issued one FOB for my household.
4. If I lose my pool key FOB, the replacement will cost \$50.00. For additional keys the cost is also \$50.00 per key.
5. I understand that there is no lifeguard on duty at the pool and that I am responsible for my children and guests at the pool.
6. I agree to the fullest extent permitted by law, to release, defend and indemnify the Association and its officers, directors, employees and agents from all claims, costs and liabilities arising out of or related, directly or indirectly, to the Resident's and/or the Resident's guests use of the pool facilities.

Signature

Date

Association representative who provided FOB:

Name

Please mail completed forms to: Bailey's Arbor Master Association
C/O Community Development Inc.
7100 Madison Ave. W.
Golden Valley, MN 55427