

POOL RULES for HHCA

HOURS OF OPERATION: Memorial Day-Labor Day
6 a.m. – 10 p.m. (Sound Ordinance) 11 p.m. (Lights Out)

- 1) SWIM AT YOUR OWN RISK.
- 2) An adult must accompany anyone under the age of 18.
- 3) **ABSOLUTELY NO GLASS** allowed in the fenced area.
- 4) Charcoal grills and open-flame gas appliances can **ONLY** be used in the parking lot.
- 5) All alcoholic beverages must be placed in unmarked non-glass containers.
- 6) No pets or animals are allowed inside the fence at any time.
- 7) Dates and hours of operation are noted above. You must sign in EVERY time you visit the pool. Pool use is for ***members only in good standing*** from 6:00 a.m. until 11:00 p.m. The front gate must be kept locked when no members are present. The last person using the pool is responsible for extinguishing the lights, and locking the gate.
- 8) The member who brings the guest(s) must collect guest fees. It is the responsibility of the member to immediately place the fees in the designated collection box on site. Please be reasonable with the number of guests you bring to the pool. There should be no more than three (3) children per responsible adult (18 +). Additionally:
 - a) Member must ensure that guest fee of \$5.00 will be paid upon entry for each guest(s).
 - b) ALL guests shall abide by the pool rules.
 - c) ALL guests shall sign in, and execute a Release Waiver upon entry.
 - d) MEMBER assumes ALL responsibility of guest(s).
 - e) MEMBER must accompany guest(s) at all times.
- 9) Pool parties may be held on a first come basis. A properly completed form must be submitted to the President*. Please refer to the Pool Party Application for additional requirements and information. Applications may be found at the pool sign in area, or online at www.highlandhillsrva.com.
- 10) No running or horseplay within the fenced area.
- 11) ONLY ONE spring allowed on the diving board.
- 12) Disorderly conduct is not tolerated. Failure to comply with all rules can result in suspension or loss of membership.

*President: Chip Cooke at info@highlandhillsrva.com

DEFINITIONS OF MEMBERSHIP – NON-RESIDENTS

FAMILY:

Entitles all members of the immediate family who reside in the household, to the use and enjoyment of the facilities of this corporation.

COUPLE:

Entitles two persons (at least 18+) who reside in the household, to the use and enjoyment of the facilities of this corporation.

SINGLE ADULT:

Entitles one adult (18+) who resides in the household to the use and enjoyment of the facilities of this corporation.

SINGLE PARENT:

Entitles all members of the immediate family who reside in the household headed by a single parent, to the use and enjoyment of the facilities of this corporation.

SENIOR:

Entitles individual age 65 or older (single only; no minor nor adult children) who resides in the household, to the use and enjoyment of the facilities of this corporation. In addition to this membership, annual dues shall be charged in the amount of \$75.00 for each child of the senior, who resides in the household.

SENIOR COUPLE:

Entitles a senior couple (one age 65 or older; no minor nor adult children) who reside in the household, to the use and enjoyment of the facilities of this corporation. In addition to this membership, annual dues shall be charged in the amount of \$75.00 for each child of the senior who resides in the household.

HIGHLAND HILLS COMMUNITY ASSOCIATION

SEND PAYMENT (Check or Money Order) TO:

P.O.BOX 3756, N. CHESTERFIELD, VA 23235

NON-RESIDENT APPLICATION

Please **PRINT CLEARLY**. Return completed form to P.O. address above.

Name: _____/Co/Applicant: _____

Address: _____

Phone: (c) _____, (h) _____, (w) _____

Children: Names and Ages _____
(Age as of May 2017) (age) (age)

_____ (age) _____ (age)

Email Address: _____

TYPE OF MEMBERSHIP:

Please select your choice of dues defined on enclosed Definition of Membership with this Application.

	(DUE IN <u>FULL</u> BY MEMORIAL DAY)	(EARLY BIRD PRICE) (DUE IN <u>FULL</u> BY 04/27/2017)
_____ FAMILY	\$340	\$315
_____ COUPLE	\$260	\$235
_____ SINGLE ADULT	\$215	\$190
_____ SINGLE PARENT	\$260	\$235
_____ SENIOR	\$160	\$135
_____ SENIOR COUPLE	\$210	\$190

PLEASE NOTE: FOR THE 2017 SEASON THERE WILL NOT BE A LIFEGUARD.

I have read the Definitions of Membership included with this Application. I affirm that I completed this Application to the best of my knowledge and belief. I agree to the terms of payment, by check or money order only, and that I cannot pay in cash. I have read the attached Pool Rules, and agree that as members, my family and I, and any guests we bring, will comply. I have read, executed and agree to the Release Waiver on the reverse of this Application.

Signed: _____

Printed Name: _____

Date: _____

RELEASE AND WAIVER OF RIGHTS FOR MEMBERS

In consideration of my membership with the Pool and facilities at Highland Hills Community Corporation (a/k/a Highland Hills Community Association, hereafter referred to as the "Association"), I release, waive, discharge and hold harmless, the Association, its directors, officers, agents, volunteers and employees (hereafter referred to as "Releasees") from any cause of action, claim, or demand of any nature, including, but not limited to, a claim of negligence, which I may now have, or may have in the future, against the Releasees, on account of personal injury, property damage, death, or accident of any kind, arising out of, or in any way related to ,my use of the Pool and facilities, however the injury or damage is caused, including, but not limited to, the negligence of the Releasees.

In consideration of my use of the Pool and facilities, I agree to release, waive, discharge and hold harmless, the Releasees from any and all causes of action, claims, demands, losses, or costs of any nature arising out of, or in any way related to, my child's use of the Pool.

I certify that I have full knowledge of the nature and extent of the risks inherent in my use of the Pool and facilities, and I voluntarily assume the risks. I understand that I will be solely responsible for any loss or damage, including death, sustained by my child arising out of, or in any way associated with my child's use of the Pool; and that, as witnessed by my signature to this instrument, the Association is released from any and all liability for such loss, damage, or death.

I further certify that I am in good health, and that I have no physical limitations or impairments which would preclude my safe use of the Pool.

I acknowledge that the Association is a non profit 501(c)(7) organization, in compliance with United States Internal Revenue Code, and statutes imposed by the Commonwealth of Virginia, and that nothing in this Release and Waiver of Rights shall be construed as a waiver of charitable non profit status and/or benefits designated by the Commonwealth of Virginia.

Given under my hand this _____ day of _____, 20__.

Signed: _____
