

Highland Hills 2025 Non-Resident Application

Highland Hills Community Association (HHCA) 2025 POOL RULES

Open May 24th-Sept. 14th

HOURS OF OPERATION: 7 a.m. – 10 p.m

- 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) Any cooking equipment besides the provided grill must be used in the parking lot. Please clean up the cooking area around the grill after use.
- 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 7:00 a.m. until 10:00 p.m. The front gate must be kept locked when no members are present. The last person using the pool, no matter the time of day, is responsible for locking the gate.
- 8) Any member who brings non-member 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. If cash is not an option, please scan the QR code to pay by card. The HHCA requests that you do not bring more than 5 guests at a time. Additionally:
 - a) **MEMBER must ensure that a guest fee of \$5.00 will be paid upon entry for each guest(s).**
 - b) **MEMBER must write their name, date, number of guest(s), and amount paid on the envelope.**
 - c) **ALL guests shall abide by the pool rules.**
 - d) **ALL guests shall sign in, and execute a Release Waiver upon entry.**
 - e) **MEMBER assumes ALL responsibility of guest(s).**
 - f) **MEMBER must accompany guest(s) at all times.**
- 9) Pool parties will not be offered for the 2025 season.
- 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.
- 13) No smoking is permitted in the fenced pool area, please smoke in the designated area.

DEFINITIONS OF MEMBERSHIP

FAMILY:

Includes two adults 18+ and any minor children (Under the age of 18) living in the household.

TWO ADULTS:

Includes two adults between the ages 18-64.

SINGLE ADULT:

Includes one adult between the ages 18-64.

SINGLE ADULT FAMILY:

Includes one adult 18+ and any minor children living in the household.

SENIOR ADULT:

Includes one adult over the age of 65.

SENIOR COUPLE:

Includes two adults (One must be over the age of 65).

ASSOCIATE MEMBERSHIP (NON-POOL MEMBER):

Helps support social, landscaping, and civics activities of the HHCA. Does not entitle you to use of pool facilities.

HIGHLAND HILLS COMMUNITY ASSOCIATION 2025 POOL APPLICATION

Apply online at www.highlandhillsrva.com OR
SEND PAPER APPLICATION AND PAYMENT (CHECK) TO:
P.O.BOX 3756, N. CHESTERFIELD, VA 23235

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

Member name 1:

First Name _____ Last Name _____

Member name 2:

First Name _____ Last Name _____

Contact Details

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone _____

Email Address _____

For family memberships, please provide personal details for each child:

First Name _____ Last Name _____ Age _____

First Name _____ Last Name _____ Age _____

First Name _____ Last Name _____ Age _____

First Name _____ Last Name _____ Age _____

First Name _____ Last Name _____ Age _____

TYPE OF MEMBERSHIP:

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

_____ **FAMILY \$430**

_____ **SENIOR \$235**

_____ **TWO ADULTS \$350**

_____ **SENIOR COUPLE \$285**

_____ **SINGLE ADULT \$260**

_____ **ASSOCIATE MEMBERSHIP \$50**

_____ **SINGLE PARENT \$350**

PLEASE NOTE: FOR THE 2025 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 credit card, 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, 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: _____