

2024 Pool Use Agreement

Riverdale Dunes Metropolitan District

Property Street Address: _____

Homeowner Name: _____

Phone Number: _____ Circle one: (Home/work/mobile)

Current Mailing Address (if other than the above listed property address)

Street Address: _____

City: _____ State _____ Zip Code: _____

Would you like to receive future District newsletters, announcements, and other updates via email?

Yes No Email Address: _____

Is the property currently being used as a rental property? Yes No

Individuals (**first and last name**) living at the above property address other than the property owners:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Note: If any of the above individuals are under the age of 18, please also indicate the ages of such individuals.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have read and agree to abide by the District's 2024 pool rules.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I will ensure all individuals living at this address and any guests will be made aware of the District's pool rules and will agree to abide by such rules before they enter the pool area.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I acknowledge that failure to abide by the District's 2024 pool rules may result in the suspension of pool privileges of some or all individuals living at this property address (including guests).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I acknowledge the pool privileges for this property address may be suspended at any time by the District if the homeowners/residents fail to timely correct covenant violations on the lot as identified by the District.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I acknowledge (1) the pool monitor is not a lifeguard and (2) I will inform all individuals living at this property address and related guests—before they enter the pool area—that the pool monitor is not a lifeguard.

Note: Pool privileges will not be granted unless a "yes" response is provided to each statement.

I certify that the above information is, to the best of my knowledge, true and accurate.

Name (Printed) Signature Date

To be completed by the District:

Type of ID Provided: _____

Accepted By: _____ Date _____