

Rock Creek Homeowner's Association

Pool Use Agreement

Do you acknowledge, understand, and agree to the pool rules on half of everyone at, or a guest of, the address indicated below. I understand these privileges may be suspended or revoked for a period of time as determined by the Rock Creek HOA Board or Directors and/or Advisory Committee if any member(s) of my family or guest violate the said rules. I further agree and understand that using the community pool is at my own risk and I will not hold the Rock Creek HOA, the Advisory Committee, the Developer, or any other member responsible for accidents or injuries as a result of using the pool or any of its components. I certify that I am a resident of Rock Creek addition in Moore, OK.

Printed Name: _____

Signature: _____

Date: _____

Address: _____

Phone: _____

E-mail: _____

Owner

Renter

Office Use Only

Card Number: _____

Residency Verified: Driver's License Utility Bill

Old fob returned: Yes No

Amount Paid: _____

Check/Money Order #: _____

Issued by: _____

Issue date: _____