
SCENIC RIDGE HOMEOWNERS' ASSOCIATION, INC.

1 AMBER DRIVE • CROTON-ON-HUDSON, NY 10520

<http://www.scenicridgehomeowners.com>

**WAIVER AND RELEASE FOR USE OF THE
SCENIC RIDGE POOLHOUSE**

I, _____ the homeowner from _____
(Homeowners' Name) (Address)
hereby request permission to rent the Scenic Ridge Homeowners Association's (SRHA) Meeting/Party
room on _____.
(Day / Date / Time)

I am aware that I must sign this waiver and return it with two (2) fifty dollar checks, made payable to the Scenic Ridge Homeowners' Association. One check is the rental fee and the other serves as a deposit for the room. Pending a satisfactory review of the facilities following your event, the deposit check of \$50 will be returned to you.

I understand that when renting the SRHA room, I do so at my own risk. I also assume the responsibility of all persons attending my function on the above date.

If I choose to have my guests use the pool on the above date, I am fully aware that I must hire one (1) extra lifeguard per every ten (10) guests at my expense of \$18/hour per lifeguard.

This can be arranged with our Vice President, Jaime Valentin at 914-817-5522.

I **will / will not** be using the pool on the above date. If so, I confirm that I have made the required
(circle one)
arrangements for the necessary lifeguards.

In consideration of making the facility available to me, I acknowledge and agree that the Scenic Ridge Homeowners Association, its Board of Directors, its agents and/or employees are not responsible and are hereby released from all claims, losses, damages, liabilities or demands of any kind on account of damage, injury to or other effect upon my health or physical condition which may occur as the result of the use of the facility or the pool, its equipment or my presence in or around the facility, grounds or pool area.

I assume full responsibility for any such injuries or damage, which may occur to me, my family members or guests, by reason of the use of the SRHA facilities and/or equipment.

I assume full responsibility for any loss or damage to my personal property, which may occur during my use of the SRHA facilities and/or equipment.

This waiver shall include any and all claims, demands, damages, causes of action, present or future, whether known or unknown, resulting from my use of the SRHA facilities and/or equipment.

This waiver has been executed by me and may not be used by any other person for the purpose of using the SRHA facilities and/or equipment. I understand the Rules and Regulations and agree to be bound by them and any amendments to them hereafter provided to me.

I agree that the Board of Directors of Scenic Ridge may resolve any dispute or question concerning the use of the facilities, grounds and/or swimming pool and the decision of such Board shall be, in all respects, binding.

I have read and understand the above waiver. I acknowledge receipt of the Rules and Regulations and agree to abide by them.

(Signature of User)

(Date)

(Please Print Name)

(Unit #/Address)