Lakes at Highland Glen Community Association
POOL Access Keycard REGISTRATION FORM
Each Home will be issued only two cards

Last Name		**Home Phone**	
Address		**Work Phone**	

List the first name of each resident living at the house. Include the last name if different than the last name written above. Do not list friends, relatives or other persons not living at the address written above. For each person under 18 years, indicate his or her age as of May 1st of this year. For persons 18 and older, write the age or "A" for adult.

	First Name	Age
1		
2		
3		
4		
5		

	First Name	Age
6		
7		
8		
9		
10		

Are you Renting the home at the above listed Address (Circle one) Y / N. Who is the Owner of the home_____ and He or She authorized you to request the Pool Access Keycards.

*In consideration for the privilege of using the swimming pool and facilities of **Lakes at Highland Glen Community Association** and other good and valuable consideration, the undersigned hereby elect to, and do, assume all risk for claims heretofore or hereafter arising from the subject of this Release, in favor of the undersigned, his heirs, executors, administrators, successors, or assigns, and hereby knowingly and voluntarily expressly release said **Lakes at Highland Glen Community Association**, its agents, officers, employees or aides from all liability or claims, demands and costs for or arising out of injuries or damages sustained while using the swimming pool and facilities of **Lakes at Highland Glen Community Association**, or by the negligence of the undersigned. Further, the undersigned agree to abide by and be bound by the rules and regulations for the operation and safety of the swimming pool and facilities of **Lakes at Highland Glen Community Association**.*

The undersigned has read this Release and understand all its terms. The undersigned executed this Release voluntarily and with full knowledge of its significance.

Read This

Signatures: _____ **Date**: _____

Return Form & Payment: By mail to 1807 Highland Glen Lane, Pearland, Tx 77581 or in person at the office of Signature Association Management, 16225 Park Ten Place, Suite 500, Houston, TX 77084, , Monday through Thursday from 8 a.m. until 4:30 p.m. and Fridays from 8 a.m. to 4:00 p.m. If requesting by mail, send completed form with your check or money order, **payable to LoHG** and your Access Keycard(s) will be mailed to you. **There is a fee of $10.00 for each Access Keycard**.

The Management Company does not have any cards to give you at their office.

PYMT Type		**Tag(s) Issued**		**Date Issued**		**Issued By**	