

**Application to Use Pool/Recreational Facilities and Release of Liability**

Name: \_\_\_\_\_  
(Head of Household) (Email address)  
\_\_\_\_\_  
(Spouse or Co-owner) (Email address)

Home Address: \_\_\_\_\_

Phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_  
(Spouse/Co-owner) work \_\_\_\_\_ cell \_\_\_\_\_

List all occupants in household (required for pool use)

1. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (DOB) 4. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (DOB)  
2. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (DOB) 5. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (DOB)  
3. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (DOB) 6. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (DOB)

**I verify that all of the above information is true and correct, and that I have read, understand, and will comply with policies, procedures and posted signs set by the WHISPERING HOLLOW HOMEOWNERS ASSOCIATION. Failure to comply with pool rules may result in a loss of pool privileges.**

**In consideration for being granted pool/recreational facilities access, the undersigned, for himself/herself, all persons listed above, and all guests of the listed users, hereby releases Whispering Hollow HOA, its contractors, officers and agents, from any action, claim, or demand for personal injury or property loss arising from or due to any act or omission of Whispering Hollow HOA, its contractors, officers or agents in operating or maintaining the pool/recreational facilities.**

\* One key per household. No charge for first key - \$35 for replacement keys.

Owner/ Signature(s): \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

**IF LEASING HOME**, tenants must sign waiver below: **TENANTS WILL BE SUBJECT TO ALL RULES.** Owner signature also required.

Tenant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Phone \_\_\_\_\_

Please mail or email form to:

WHI – Whispering Hollow HOA  
Goodwin Management, Inc.  
11149 Research Blvd., Ste. 100  
Austin, TX 78759  
ATTN: POOL KEY REQUEST  
Fax: (512) 346-4873  
[PoolKeyRequest@Goodwintx.com](mailto:PoolKeyRequest@Goodwintx.com)

**FOR OFFICE USE ONLY**

Card or Check # \_\_\_\_\_  
Date Sent/Given \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
Yardi Input \_\_\_\_\_  
Gates Input \_\_\_\_\_

For questions regarding the pool waiver or pool access, please contact [PoolKeyRequest@Goodwintx.com](mailto:PoolKeyRequest@Goodwintx.com).