



Hello Cornerstone Residents!

The Cornerstone Community Pool is currently scheduled to open on Friday May 27th, 2016!

INTRODUCTION

Cornerstone is proud to showcase its amazing community pool facility. The pool is available to Cornerstone residents and their guests, and the facility features a large freeform salt water pool, heated spa, splash park, waterfall, pool house, and picnic area. The Board of Directors has approved several improvements and repairs to the pool facility this year including a heated spa renovation, an upgraded picnic area, a new drinking water fountain, and a beverage vending machine. There are NEW hours of operation for the 2016 season as well. The pool will now be open from 9 A.M to 9 P.M. Sunday - Thursday and 9 A.M. to 10 P.M. on Friday and Saturday.

MEMBERSHIP

Pool membership is **only** available for Cornerstone residents. The pool is a, **“swim at your own risk”** pool so **NO LIFEGUARDS** are provided. The pool membership fee for the 2016 summer season is \$50 for an individual pass or \$100 for a family pass. Children under the age of 12 are free. The membership fee includes a pool membership card that is required for entry into the pool facility. A new membership card is provided for each season however you may turn in any old cards from previous years to receive a \$10.00 discount on the 2016 membership card.

OBTAINING A MEMBERSHIP CARD

- ❖ A membership card is required for each resident who wishes to use the pool facility. A card can be obtained at the pool from opening day until June 14th. After June 14th pool cards can be purchased from the office.

You can obtain a pool card by completing the following steps:

- ❖ Complete and sign the Pool Waiver of Liability. (This form is available online, at the office, at the pool, and attached to this letter and must be completed & submitted in order to obtain a key card. This process only takes a few minutes.)
- ❖ Provide a valid proof of Cornerstone residency
- ❖ Bring the above listed documents & payment to the pool where you will have your picture taken and your card will be printed during your visit. Cash, checks, and money orders are accepted.

GUEST POLICY

Guests are allowed into the pool area only when accompanied by a Cornerstone pool member. There is a fee of **\$5 per guest** and there is a limit of four guests per member. The Guest(s) will also need to sign a Cornerstone Waiver of Liability Form if over 18 years of age and if under 18 years of age the guests parent or legal guardian must sign for them. Guests will receive a colored wrist band. Anyone inside the pool area is required to either have a membership card or guest wrist band. Guest wrist bands can be obtained onsite from a pool monitor.

SPECIAL FUNCTIONS

Birthday parties and other special functions are available to be hosted by the pool facility. There is standard "special function" fee of \$100 and covers an event for up to 20 people. If a larger party is requested, there is a \$5 fee for each additional guest over 20 people. If you are interested in obtaining more information or booking an event, please contact the office.

Thank you!

Pool Rules

The pool rules have not changed from previous years however enforcement of these rules has. The community pool is being managed this year by a third party management company and the pool monitors will offer only the best service to the patrons of the Cornerstone Community pool. These professionals will also strictly adhere to the rules displayed at the pool with no exceptions. Please familiarize yourself with the pool rules and respect them. Failure to adhere to the rules will result in immediate suspension of pool privileges.

MANAGEMENT OFFICE CONTACT INFORMATION

General Pool Information - Special Functions



20715 Timberlake Rd. Suite 101

Lynchburg, VA 24502

(434) 237-7800 Associations.p1p@gmail.com



WAIVER OF LIABILITY
PERMISSION FORM

This Agreement waives the liability of Cornerstone Property Owners Association Inc., hereinafter referred to as CPOA for any use of the services, facilities, swimming pool and/or programs of CPOA. **A non-parent cannot legally sign this waiver for other people's child/children. It must be signed by a parent/legal guardian.**

PLEASE READ CAREFULLY AND SIGN BELOW

1. I, the applicant signing below wish either for myself or my child/children (if applicable) (printed names of all parents and children, as well as all residents over the age of 18)

___ to utilize the services, facilities, swimming pool, and/or programs offered by CPOA.

2. **I hereby agree that the use of the services, facilities, swimming pool, and/or programs is at my child/children's (if applicable) and my own risk.** As a condition of me and my child/children's (if applicable) use of such services, facilities, swimming pool and/or programs, I on behalf of myself, my heirs and assigns and my child/children (if applicable) expressly agree to forever discharge, waive and release CPOA, its owners, management, staff, servants, agents, employees and/or independent contractors and their heirs, successors and assigns from any and all claims, demands, injuries, damages, actions, or courses of action, and from all acts of active or passive negligence on the part of CPOA, its owners, management, staff, servants, agents, employees and/or independent contractors that I or my child/children (if applicable) may have or acquire against CPOA, its owners, management, staff, servants, agents, employees and/or independent contractors on account of bodily injury, mental injury and/or property damage from, any mishap, accident, loss, damage or injury suffered by my child/children (if applicable) or myself or others resulting from , connected with or caused by the use of CPOA's services, programs, swimming pool and /or facilities whether located on or off the CPOA premises, including, but not limited to any injury resulting from mechanical defects or failure of any equipment or devices used in such services, programs, swimming pool or facilities.

Initial Here

I further agree to defend, indemnify and hold harmless CPOA, its owners, management, staff, servants, agents, employees and/or independent contractors, their heirs, successors and assigns from any and all claims, losses or liability arising from, connected with or caused by my or my child/children's (if applicable) use of CPOA's services,

Programs, swimming pool and facilities, whether located on or off the CPOA premises.

3. I declare and affirm that I and my child/children (if applicable) am (or are) in good medical and physical condition and that the use of the CPOA services, facilities, swimming pool and/or programs does not pose any danger to my or my child/children's (if applicable) health.

4. I agree that I and my child/children (if applicable) will abide by all the rules and regulations of the CPOA Facilities, which may be posted at the facility, or issued orally and/or published in any CPOA newsletter. These rules may be amended at the CPOA's discretion. I agree that I and my child/children (if applicable) will not engage in behavior injurious to the enjoyment of the facilities by other residents or Guests. I understand and agree that my and my child/children's (if applicable) use of any CPOA facility may be immediately terminated if my (or their) behavior is not in accordance with the above.

I have read and understand the foregoing, and acknowledge my consent to the terms of this Waiver and Release for myself and my child/children (if applicable) by signing the Agreement.

Resident/Parent (Both must sign unless single guardianship)

Date

Resident/Parent (Both must sign unless single guardianship)

Date

Child/children's Printed Name(s)

Parent or Guardian Signature

Date

Day Time Telephone #: _____ Evening Telephone #: _____

Emergency Contact Person _____ Telephone # _____

Other Resident over age 18

Date

Other Resident over age 18

Date

Other Resident over age 18

Date

Other Resident over age 18

Date

Other Resident over age 18

Date

Other Resident over age 18

Date