

DIAMOND ASSOCIATION MANAGEMENT & CONSULTING

14603 Huebner Road, Building 40 • SAN ANTONIO, TEXAS 78230
 TEL.: (210) 561-0606 • FAX: (210) 690-1125
 MON-FRI 8:30 AM TO 5:00 PM email: poolwaivers@damctx.com

Access Card to Pool Area:
 First Card – NO CHARGE
 Additional/Replacement Cards-\$25.00

**BALCONES CREEK RESIDENTIAL COMMUNITY, INC.
 POOL ACCESS CARD - RECEIPT, RELEASE & INDEMNIFICATION FORM**

Please read before Proceeding: The Owner of Record must be in good standing with assessments and violations, in accordance with state law, in order to receive an amenity facility access card. **Notice to Tenants:** Because each Owner of Record is responsible for their Tenant(s), DAMC requires a copy of the first and last page of current lease before Tenant(s) be issued a facility access card. The Resident must show Photo ID and proof of residency reflecting their name and address at the Association.

PLEASE COMPLETE ALL SECTIONS BELOW. PLEASE PRINT LEGIBLY.

SPECIFY: I am the		<input type="checkbox"/> Owner			
		<input type="checkbox"/> Tenant (<i>Tenant, provide Owner's Name</i>) →			
Name:		Last:		First:	
Address in the Association:					
Hm#:		Wk#:		Cell#:	
Email:					
<p>I/We, the undersigned homeowner(s)/resident(s) of Balcones Creek Residential Community, Inc. do hereby request that the Association issue a secured entry access card to me/us for use by my/our family and guests pursuant to the following terms and conditions:</p> <p>I/We hereby accept full responsibility for the secured entry access card to Balcones Creek Residential Community Pool. By acceptance of this access card, I/We hereby release, indemnify and hold harmless Balcones Creek Residential Community, Inc., and DAMC and each of these entities' members, officers, directors, employees, agents, attorneys, and affiliates from any and all liabilities, losses, costs, expenses (including attorney's fees, court costs, and/or expenses of litigation) claims, damages, causes of action and suits of whatsoever kind or nature however connected with my/our family, or any of my family's guests using the pool (all of the foregoing together sometimes referred to as "claims") including, but not limited to, claims however connected with or relating to falling, slipping, or any other injury on the pool premises. I/We hereby acknowledge I/We have read and fully understand the Pool Rules and hereby accept them and agree to abide by each such rule. I/We hereby acknowledge that failure to abide by the Pool Rules may result in suspension of Pool privileges. I/We hereby accept all responsibility for any family member(s) or guest(s) using the pool and acknowledge that I/We will be financially responsible for any and all pool damages caused by any family member or guest of my/our family, and that payment of any damages will be due to the Balcones Creek Residential Community, Inc. immediately upon request by the Association or its agent, affiliates, board members, or attorneys.</p> <p>I/We hereby acknowledge receipt of one (1) secured access card. In the event additional cards or a lost, damaged, or stolen card, the undersigned homeowner(s)/resident(s) will be responsible for paying a \$25.00 fee and will not be granted access to the Pool facilities until such time the replacement fee has been paid via check or money order payable</p>					
Resident Signature, Agreement, & Acknowledgment				Date	

✓	OFFICE USE ONLY – TRANSACTION INFO & CHECKLIST		DAMC Rep:		Date:	
Owner of Record on Account:			Account Status Verified?			
Photo ID & Proof of Residency Shown: <input type="checkbox"/> Driver's License <input type="checkbox"/> Other						
If Tenant , -DAMC has received Copy of first & last page of lease						
<input type="checkbox"/> New Resident (First card – no charge) <input type="checkbox"/> Additional/Lost/Damaged card: (\$25.00)						
Amenity Facility Rules provided.						
Device program type: PC Programmable		COST EACH	QTY	TOTAL DUE	CHECK/M.O. #	
Card Number:		\$		\$		
<input type="checkbox"/> New Card Programmed by _____ on _____.						
<input type="checkbox"/> Former Resident's OR Lost/Damaged Card Deleted (# _____) by _____ on _____.						
Ensure check/money order references Access Card , and forward to Accounting.						
Give Accounting any documentation provided so that the system can get updated.						