## **2025 TCRA MEMBER AGREEMENT**

In consideration of the use of the Timber Cove Pool and Pool area (the Pool) herein, I now pay annual fees in the amount of \$350.00 (\$325.00 if received on or before May 1, 2025) \$275.00 for seniors or \$415.00 new members 1st year only, including seniors 65 and over). I understand that payment of these annual fees permits my access, subject to compliance with the terms of the applicable Handbook and affords me one (1) code to the building's front door. For the above-stated consideration, I promise and represent that:

- 1. I am a member in good standing of the Timber Cove Recreation Association, Inc. (herein the "TCRA"). I have read a copy of and agree to abide by the Handbook, Pool Rules of the TCRA, and the Rules to those having access via a code for Pool Use without Lifeguard Service, copies of which are available to me in the TCRA Handbook as posted online. <a href="https://www.timbercovepool.com">www.timbercovepool.com</a> I affirm and acknowledge that I have, or will, provide a copy of all such rules and this TCRA Member Agreement to my family and any permitted guests that will use the TCRA facilities.
- 2. Prior to using the Pool, or prior to allowing any family member or permitted guest to use the Pool, I will inspect the facilities and equipment and will immediately advise a TCRA Board Member if I believe that anything is unsafe. I further agree to report any violation of the Pool's Rules that I, my family members, or my permitted guests observe immediately to a TCRA Board Member.
- 3. I acknowledge and understand that, by using the Pool, I, my family members, and my permitted guests will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from our own actions, inaction or negligence of others, or the conditions of the premises or of any equipment used. Further, there might be other risks not known or not reasonably foreseeable at this time.
- 4. I, my family members, and my permitted guests will not allow the use of the access code and Pool by any individual less than 21 years of age unless accompanied and supervised by a TCRA member who is 21 years of age or older and who is responsible for that individual.
- 5. Upon leaving the pool, I, my family members, and my permitted guests shall assure the Pool is unoccupied, all entrances (gates and doors) locked, the facility is clean and in as good or better condition than when it was found. If such cannot be accomplished, a Board member of the Association muyst be immediately notified.
- 6. I hereby certify that I, my family members, and my permitted guests are in good health, and that, if necessary, a physician is aware of participation and use of the Pool and has advised that use the Pool can be achieved without endangering the health, safety, or welfare of anyone involved.
- 7. ON BEHALF OF MYSELF, MY FAMILY, AND MY PERMITTED GUESTS, I HEREBY RELEASE, INDEMNIFY, AND HOLD TCRA, ITS OFFICERS, DIRECTORS, MEMBERS, ORGANIZERS AND SPONSORS HARMLESS FROM ANY AND ALL DEMANDS, CLAIMS, ACTIONS, DAMAGES OR RELIEF DIRECTLY AND INDIRECTLY

  RESULTING FROM MY, MY FAMILY'S, OR MY GUESTS' PARTICIPATION IN, OR USE OF THE POOL, TCRA FACILITIES AND ALL ADJACENT AREAS, INCLUDING, WITHOUT LIMITATION, RELEASE, INDEMNIFICATION AND RELEASE FROM ANY DEMANDS, CLAIMS, ACTIONS, DAMAGES OR RELIEF RESULTING FROM ANY ACT, NEGLIGENCE OR CONDUCT OF TCRA.
- 8. I hereby represent, warrant and covenant that I have the authority to make and enter into this Agreement on my own behalf, as well as on behalf of my family members and permitted users of the Pool, TCRA property and adjacent areas.
- 9. THE AGREEMENT is for a period of one year from the date hereof and may be terminated with or without cause by TCRA at any time by giving written notice to the applicant.

Signed	Date
5.B.1ea	246

## 2025 TCRA Member Agreement cont.,

Date		Code #							
Name:									
Address:									
Email addresses for Poo	l announcements	s only:	:						
Email:									
Alternate Email:									
Name:	Cell Phone	e:			Home P	hone:			
Name:								_	
Emergency Contact Nan	ne:				Numbe	er:			
	M	embe	rship				4	Amou	nt
New (1st Year only) – inc	luding 65+ seniors					\$415.00			
Renewal After May 1st						\$350.00			
Renewal on or before Ma									
Seniors (65 & up membe	rship renewals)					\$275.00			
R	affle for free mem	bersh	ip - Ma	ax value \$3	300.00				
1 ticket for \$10.00 or 3 fo	or \$25.00								
Drawing to be held May	7 at the pool party	– Wir	ner w	ill be notifie	ed if not				
present									
	Additional donation	on for	other	improvem	ents				
						Total Amount			
Check #						Check Amt			
						Cash Amt			
Family Members:						Casii Aiiit			
Name	Age	М	F	Name			Age	М	F
								+**	•
Information accepted by T	imber Cove Recrea	tion A	ssocia	ion Repres	sentative:				
Name		-		,- 32	-	Date			
Please return to: Lynda G	avin, 1000 Shorewo	ood Di	r. (Pool	) 832-385-	1843 or con		ad Jorg	enson	, 10

Please return to: Lynda Gavin, 1000 Shorewood Dr. (Pool) 832-385-1843 or contact Kay Ann or Brad Jorgenson, 103 Driftwood Drive, 832-722-2990