



c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Virginia Beach, VA 23454  
Office: (757) 486-6000 Fax: (757) 486-6988 or visit [www.theselectgroup.us](http://www.theselectgroup.us)

### POOL RULES ACKNOWLEDGEMENT FORM

Please complete this form and either fax or bring it to The Select Group if you do not already have a pool key. The charge for replacement keys is \$5.00 per key.

I, \_\_\_\_\_ understand that all persons using the pool do so at their own risk. Breezewood Villas Condominium Association, Inc. assumes no responsibility for any accident, injury, or any loss or damage to personal property.

I agree to act as a "Responsible Person" at the Breezewood Villas Condominium Association pool while there. Use of the pool is restricted to the hours established by the Board of Directors for pool operations. I agree to return the pool key to the Association when requested and to abide by the rules stated and acknowledge that I have received a copy of said rules.

I also understand that once a key has been issued to me, it cannot be duplicated, and any key found issued without a number will be disposed of immediately.

As "Responsible Person," I agree that:

- a. The "Responsible Person" must be at least 18 years of age.
- b. There must be at least two people at the pool at all times of operation in order to swim. (The "Responsible Person" may not swim alone.)
- c. Pool usage is restricted to the hours posted at the pool area.
- d. Children under 14 years of age must be accompanied by a parent/guardian.
- e. The Association will enforce the pool rules, when necessary, and may ask persons to leave the pool area who continue to violate the rules after being asked to stop. Any continued violation should be reported to Steve Townsend at The Select Group at 486-6000 for possible revocation of pool privileges.

Individuals residing at: \_\_\_\_\_  
Street Address (i.e.— 123 Barberton Drive or 123 24<sup>th</sup> Street)

Include: (Name)	_____	Age
	_____	Age
	_____	Age
	_____	Age

I am the:      Owner \_\_\_\_\_      Renter \_\_\_\_\_  
If Renter, the Owner's name is \_\_\_\_\_

My phone numbers for emergency purposes are:  
Home (    ) \_\_\_\_\_      Work (    ) \_\_\_\_\_

\_\_\_\_\_  
Owner/Renter Signature      Date

<b>TO BE COMPLETED BY OFFICE:</b>	
Key Issued By: _____	Date Issued: _____

Mail or Deliver to: The Select Group, Inc. 2224 Virginia Beach Blvd., Suite 201 Virginia Beach, VA 23454