Wildewood Community Association <u>Non-WCA Member</u> Annual Pool Membership Agreement Terms and Conditions

FOR _____ (year)

I. Membership. Wildewood Community Association (WCA) Pool Membership is offered to <u>non-WCA</u> <u>members</u> on a space availability basis at the discretion of the WCA. The membership provided by this agreement entitles each member to all rights and privileges as set forth from time to time by the WCA Pool, provided that the member complies with the rules and regulations of the WCA Pool, as established and amended from time to time, by the WCA.

II. Ownership Requirements. Each member under this agreement must be an owner or renter of a property within the Wildewood Planned Unit Development at the address stated below where the respective Home Owners Association <u>is not</u> a member of the WCA. The rights and privileges of the membership provided by this agreement may be exercised only by the owner of the property at the address stated below together with immediate family members residing with the member.

III. Term; Transfer.

a. The membership provided in this agreement is provided during the calendar year indicated. The non-use of any membership shall not entitle the member to a refund of all or any part of any payment required under this agreement. This agreement does not guarantee membership for future years beyond this calendar year.

b. A membership may be transferred by the member only in connection with the sale or rent of the property.

IV. Rules and Regulations. Rules and regulations for the safe and orderly operation of the WCA Pool have been duly adopted and must be complied with by all members and their invited guests. A copy of the current Rules and Regulations is provided with this agreement. Failure to comply with the Rules and Regulations may result in a loss of privileges to use the WCA Pool.

V. WCA Pool Guest Policy.

- a. Each membership will receive five free guest passes at the beginning of the summer.
- b. Without a guest pass, guests between 2-55 years of age will be charged \$5.00 per person per visit.
- c. Guests 55 years of age and older will be charged \$2.00 per person per visit.
- d. Guests 2 years of age and younger will be admitted for free.
- e. Each membership is limited to twenty (20) guests per season at the rate of \$5.00 per person, per visit.
- f. Additional guests (exceeding the 20 guest limit) will be charged \$10.00 per person, per visit.
- g. Each membership is limited to six (6) guests per day.
- h. Guests that do not wish to swim will not be charged a guest fee.

VI. Payment Default Provisions. If any check or draft for payments due under this agreement is not honored, this agreement shall be null and void. There will be a \$25.00 fee for returned checks.

VII. Liability. The WCA shall not be liable in any way for any loss or damage to personal property or any loss or damage arising out of or as a result from any death or personal injury sustained by any member or guests of a member in connection with admission to or use of the WCA Pool. The risks include, but are not limited to, injuries arising from participation in physical activities or use of the recreational facility swimming pool or equipment.

VIII. Fee

a. The membership fee for the current year is \$600. With proof of new residency, membership fee will be prorated. There is no refund for unused membership.

IX. Miscellaneous.

a. All correspondence and notices should be sent to:

WCA 23050 Wildewood Dr. California, MD 20619

- b. A member must notify WCA in writing within ten (10) days of any change of name or address, or of a transfer of ownership of the property at the address stated below.
- c. This agreement constitutes the entire agreement between WCA and the member(s).

Date:_____

Member's Signature

Printed Name

Address

HOA

Wildewood Community Association <u>Non-WCA Member</u> Pool Member Information Form

FOR (year)	
Name:	
Spouse's Name:	
Please indicate child's name and/or othe (requires proof of residence*):	ers that reside at the home address below as their primary address
	DOB (mm/dd/yyyy):
Mailing Address (if different from above)	:
	Work/Cell:
Fee for replacement of lost or damaged	
	be sent to the WCA at 23050 Wildewood Drive, California, MD 20619.
Date:	Member's Signature
	Printed Name