

Plantation Pointe Master Association Pool Use Acknowledgement Form

I, _____, the property owner at
_____, acknowledge that I
am responsible for any damage caused by, or unsafe, inappropriate or
disruptive behavior by, myself, my family or my guests while in
attendance at any of the 3 pools (plus and including the baby pools) in
Arbor Springs, Antebellum and Magnolia Trace.

SIGNATURE

DATE

Substitute Authorization

In my absence, I am authorizing _____, an
adult above the age of 18, to accept my fob.

PROPERTY OWNER

NOTARY PUBLIC

DATE

Plantation Pointe Master Association
c/o Rentz Management, Inc.
P.O. Box 1027
Covington, KY 41012
859-581-4815