

# 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