

Raspberry Falls Homeowners Association
2009 POOL APPLICATION

For emergency purposes, it is very important that Armstrong Management Services, Inc. have current contact information for all homeowners and tenants. Please complete the information below and return this form by facsimile to (703) 591-5785 or by mail or hand delivery to:

Raspberry Falls Homeowners Association
C/O Armstrong Management Services, Inc.
3949 Pender Drive, Suite 205
Fairfax, VA 22030

Please do not mail this form with your assessment payment, as it will not be processed.

Owner's Name _____

Raspberry Falls Address _____

Phone _____ E-mail Address _____

Please print the names and ages of all resident family members. Adults (over 18) can be denoted with an "A".

Name	Age
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

In consideration of the provided swimming pool privileges, the undersigned expressly agrees to assume the risk of any accident or personal injury that he/she or any member of his/her family or any guest of the undersigned may sustain while using the Raspberry Falls facilities. The undersigned also agrees that the Association and/or Management Agent will in no way be liable for any such injury unless it is due to gross negligence on the part of the Association or the Agent.

All tenants MUST have the owner's signature for this form to be valid.

Tenant's signature _____ Date _____

Owner's signature _____ Date _____

Tenant's Lease End Date _____