

**Secret Cove Civic Association
Pool Release Form**

Please complete and return with your annual dues payment

I, the undersigned have received a copy of the Secret Cove Civic Association's Pool Regulations (provided in the neighborhood directory.) My family and I have read and understand these rules and regulations and agree to fully abide by them.

I understand that I am solely responsible for the safety of myself and any member of my family, and any guest of my family, or myself while we are using the swimming pool or facilities of Secret Cove Civic Association. I hereby release the Secret Cove Civic Association from any liability for death, personal injury, or property while using or occupying the swimming pool or other facilities owned and operated by the Secret Cove Civic Association. I hereby release and waive any subrogation rights. I further understand that this release will remain in effect as long as I use the Secret Cove Civic Association facilities.

_____ for myself and the _____ family.
Signature **Family Name**

_____ **Please Print Name Here**

_____ **Telephone Number**

_____ **Date**

Print Your 5-Digit Pool Key Number: _____

NOTE: Pool Keys are numbered "6A* _____ " See Example ➡

6A*10100 11101869234-1

Please check one:

_____ I have a pool key from last year.

_____ I lost my pool key and will need a replacement. Enclosed is \$10.00.

Call or Text (904) 419-3688 **OR EMAIL** SCCAKEYS@gmail.com to get a pool key.

_____ I am a new Pool Member and will need a key.

Call or Text (904) 419-3688 **OR EMAIL** SCCAKEYS@gmail.com to get a pool key.

Please allow at least a week from the time that you pay the Treasurer before you expect a key. The volunteer Treasurer and the volunteer Key Manager need time to process your payment and membership forms.

P.O. Box 550706
Jacksonville, FL 32255-0706

Zelle to SCCA.JAX@gmail.com

Venmo to @Secret-Cove

For the safety of all pool members and guests, SCCA employs security cameras at the Park House Entrance and in the Pool Deck area.