

Oak Hill at Spring Ridge Homeowners Association

Date: April 24, 2026

To: **All Oak Hill at Spring Ridge Homeowners**

From: VSRHOA Board of Directors by Danella Realty & Management Co.

Re: 2026 Pool Season Information

The 2026 Pool Season is scheduled to start on Saturday, May 23, 2026 of the Memorial Day Weekend. The pool will be open daily from Memorial Day weekend through Labor Day. The hours are Saturday – Thursday 11:00AM-7:00PM and Fridays from 11:00AM-8:00PM. **There will be an adult swim (18 or older) daily from 10:00 – 11:00 AM.** **The pool will only be open when pool attendants are present.**

We will be requiring that all swimming area users sign a waiver that there are no lifeguards on site.

The membership fee for the 2026 season will be \$257.00 per household. You are not eligible for a pool membership if you are delinquent on your Oak Hill at Spring Ridge Homeowner Association fees.

Kindly complete the enclosed membership application, the liability waiver and send your check, IN THE AMOUNT OF \$257.00, PAYABLE TO: VILLAGES OF SPRING RIDGE HOA to VSRHOA, c/o Danella Realty & Mgmt., P.O. Box 1017, Blue Bell, PA 19422-1017.

Pool tags are not transferrable and cannot be used by anyone other than the individual to whom they are assigned.

Should you have any questions, please feel free to call Danella Realty and Management at (610) 834-6200 and ask for Diane Gothard, or email her at dgothard@danellarealty.com

Enjoy your summer.

Oak Hill at Spring Ridge Homeowners Association

COVID-19 Disclosure, Release, Waiver of Liability and Indemnification

I agree that I am personally responsible for my health, safety and actions while using, or as a result of using, any of the Common Facilities, amenities and public areas of the Villages of Spring Ridge Homeowners Association. I acknowledge that I have read and that I agree to comply with all of the Association's policies and rules for social distancing and sanitizing. Because the Community's facilities are open for use by other individuals, ***I recognize that I may be at higher risk of contracting COVID-19 by using these facilities and agree to assume that risk.***

With full awareness and appreciation of the risks involved, I, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby forever release, waive, discharge, and covenant not to sue the Association, its Board members, officers, management company, agents, servants, independent contractors, affiliates, employees, successors, and assigns (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by me related to COVID-19, whether caused by the negligence of the Released Parties, by any third-party using the Association's facilities, while participating in any activity while in, on, or around the Community and/or while using any the Association's facilities, tools, equipment, or materials, or otherwise.

I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims made by or against any of the Released Parties due to bodily injury, death, loss of use, monetary loss, or any other injury from or related to my use of the Association's facilities, tools, equipment, or materials, whether caused by the negligence of the Released Parties or otherwise, specifically related to COVID-19.

I acknowledge that I have read this Waiver of Liability, understand it and sign it voluntarily as my own free act and deed, including without limitation the Release of Liability and Indemnification requirements contained in this document; ***I am sufficiently informed about the risks involved in using the Association's facilities to decide whether to sign this document;*** no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this document for full, adequate, and complete consideration fully intending to be bound by the same. I agree that this Waiver of Liability shall be governed by and construed in accordance with Pennsylvania law, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Waiver of Liability as a whole.

I acknowledge that I have read the Rules and Regulations for the 2026 Pool Season and agree to abide them and share them with all residents of my home in the Oak Hill at Spring Ridge Homeowners Association. I further acknowledge that there is not a lifeguard on duty and I, my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives will swim at our own risk.

Certification and Signatures

I/we hereby certify that all persons over the age of 18 residing at the below referenced property have executed this Acknowledgment of Risk, Waiver and Release of Liability, and that all persons residing at such address are identified below:

Print Name

Signature

Date

Address

Print Name

Signature

Date

Address

Oak Hill at Spring Ridge Homeowners Association

POOL MEMBERSHIP APPLICATION

2026 SEASON

Oak Hill Unit Owner Name(s): _____

Oak Hill Address: _____

Off-Site Address: _____

Tenant Names: _____

I (We) hereby apply for pool membership for the 2026 season.

ONLY FULL-TIME RESIDENTS OF THE ABOVE ADDRESS ARE AUTHORIZED TO USE THE POOL. UNIT OWNERS WITH AN OAK HILL PAST DUE BALANCE ARE NOT ELIGIBLE TO USE THE POOL.

PLEASE PRINT

<u>RESIDENT NAMES</u>	<u>(If under 18) AGE</u>	<u>RELATIONSHIP</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

**FOR MANAGEMENT OFFICE
USE ONLY
POOL TAG #**

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

HOME PHONE # _____

CELL PHONE # _____

WORK PHONE # _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

*I (We), Owner(s)/Resident(s) of the Unit list above, along with all family members, residents and quests, agree to be bound by all Rules and Regulations as set forth by The Villages of Spring Ridge Homeowners Association Board of Directors or as verbally announced by the pool attendants. I (We) understand that we are swimming at our **OWN RISK** and there is **NO LIFE GUARD ON DUTY**. I (We) am/are aware that the pool tags are assigned to specific residents and are not transferrable and must be worn at all times while in the pool area.*

APPLICANT SIGNATURE _____ **DATE** _____