

# **Buckingham Oaks Condominiums**

## **Aurora, CO 80012**

### **POOL OPENING**

The swimming pool will open at variable times beginning May 30<sup>th</sup> through Labor Day 2023.

Your account must be current to access the pool.

### **KEYCARD ACTIVATION**

Keycards will not be activated until all the 2023 Pool Forms have been completed and submitted. The Pool Forms are available online at:

[www.buckinghamoaks.org](http://www.buckinghamoaks.org)

Completed forms (You must complete all forms) should be dropped in the HOA drop box located on the corner of the building by the mailboxes. We try to activate cards at least twice weekly. After receiving the completed forms and verifying eligibility, it can take 3 to 7 days to activate. Please do not expect your card to be activated the same day.

### **KEYCARD DEACTIVATION**

IF YOU FAIL TO FOLLOW THE RULES, YOUR CARD WILL BE DEACTIVATED! Keycards will have pool access turned off should the unit become delinquent or if any violation of the published rules occurs. This includes allowing anyone access to the pool who does not have a working keycard. IF A KEYCARD DOES NOT WORK, CALL MANAGEMENT at 303-337-5811 during regular business hours. Use of the Maintenance Emergency Pager to report keycard problems will result in the addition of a \$25.00 charge to the reactivation of the card.

Lost keycards will be deactivated prior to the issuance of a new keycard. Replacement keycards cost \$25.00.

5-digit Card # \_\_\_\_\_

## **Buckingham Oaks**

921 S. Dearborn Way

Aurora, Colorado 80012

Tel: (303)337-5811

Fax: (303)337-4961

### **SWIMMING POOL RULES**

**GENERAL SWIMMING HOURS — 10:00 AM TO DUSK**

1. No lifeguard is on duty. **SWIM AT YOUR OWN RISK.**
2. Pool area closes at dusk. To be in the pool area after dusk is trespassing.
3. Anyone under 13 must be supervised by an adult resident 18 years of age or older.
4. Mandatory Pool Card deactivation and possible fine assessed for having glass in pool area.
5. Admittance only with access card which must be in your possession while in pool area. \$25 to replace a lost card.
6. No climbing on or over fences. Violators will be trespassed. Pool cards terminated.
7. Do not admit anyone without a card. Keep gate securely closed.
8. An adult resident must accompany any guests. Only two guests per card are allowed.
9. No animals, smoking, food, alcoholic beverages, or barbecues are permitted in pool area.
10. Dispose of trash in appropriate receptacles.
11. No diving, roughhousing, running, wheels or loud noise in pool area. Radios shall be used only with earphones.
12. Appropriate pool wear is required. No cut-off shorts
13. These are not the only pool rules; all posted and published rules must be adhered to at all times. Violations are subject to immediate pool card deactivation without notice and/or fines.

### **RELEASE OF LIABILITY**

READ THIS RELEASE CAREFULLY, ASK ANY QUESTIONS BEFORE SIGNING AND RETAIN A COPY. YOUR SIGNATURE ACKNOWLEDGES YOU UNDERSTAND THE RELEASE, BELIEVE IT TO BE FAIR AND REASONABLE, AND AGREE TO ITS TERMS.

*I/We (Print) \_\_\_\_\_ do hereby state that I/we have read and agree to the above rules and further understand that any infraction of these rules or delinquency in Association fees will result in immediate suspension of privileges to use the pool for either me or my/our family, guests, or tenants. I/We knowingly accept and assume all risks in using the swimming pool.*

*I/We hereby release and agree to defend, hold harmless, and indemnify the Association, its Board of Directors, Owners, Agents, Employees and Assigns, from all actions, judgments, damages, claims of any kind, and expenses including attorney fees, that may arise from usage of the swimming pools or other common elements, including personal injuries or death, either by me or by my/our family, guests, and tenants. This Release shall bind me, my family, tenants, guests, heirs, successors or assigns.*

LIST NAMES OF ALL RESIDENTS

BIRTH DATES FOR THOSE UNDER 21

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DAY PH. \_\_\_\_\_

**ACCESS FORM**  
**(This form must be updated annually for pool access)**

**ADDRESS AND UNIT NUMBER:** \_\_\_\_\_

**HOME PHONE NUMBER:** \_\_\_\_\_

**DRIVERS LICENSE #** \_\_\_\_\_

**NAMES OF ADULTS (18+) LIVING IN UNIT/WORK PHONE NUMBER:**

\_\_\_\_\_ / \_\_\_\_\_ WORK PHONE

\_\_\_\_\_ / \_\_\_\_\_ WORK PHONE

\_\_\_\_\_ / \_\_\_\_\_ WORK PHONE

\_\_\_\_\_ / \_\_\_\_\_ WORK PHONE

**NAMES / AGES OF CHILDREN (17 AND UNDER) LIVING IN UNIT:**

1. \_\_\_\_\_ / \_\_\_\_\_ AGE

2. \_\_\_\_\_ / \_\_\_\_\_ AGE

3. \_\_\_\_\_ / \_\_\_\_\_ AGE

**\* NON OWNER RESIDENTS MUST PROVIDE PROOF OF RESIDENCY SUCH AS DRIVERS LICENSE, LEASE, OR CURRENT PUBLIC SERVICE BILL.**

WITH MY SIGNATURE BELOW, AND BY ACCEPTING THE ACCESS CARD FOR MY UNIT, I HEREBY AGREE TO ABIDE BY THE PRINTED AND POSTED POOL RULES FOR BUCKINGHAM OAKS. **I UNDERSTAND THAT I AM RESPONSIBLE FOR THE BEHAVIOR OF MY GUESTS AND INVITEES.** I ALSO AGREE TO ABIDE BY ANY DIRECTIVE OF BUCKINGHAM OAKS EMPLOYEES, MANAGEMENT OR BOARD MEMBERS INCLUDING LEAVING THE POOL AREA WHEN REQUESTED.

\_\_\_\_\_  
**RESIDENT SIGNATURE**

\_\_\_\_\_  
**DATE**