



**Fairlington Green**  
**2009 Application for Recreation Pass**  
 Please *print* all information

I. Name (First, Middle, Last): \_\_\_\_\_

II. Address: \_\_\_\_\_

III. Off-Site Address: \_\_\_\_\_  
 (If applicable. Please note off-site owners **must** assign pool privileges to their tenant(s) and list them below. )

IV. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

V. E-mail: \_\_\_\_\_

VI. Members:	Name	Age
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

VII. Emergency Contact:  
 Name (First, Middle, Last): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I hereby covenant and agree that I have read and fully understand all regulations made by the Board of Directors for the maintenance and operation of the swimming pool facilities and tennis court, and that I will abide by the same. Any changes that may hereafter be promulgated thereto, and that I will forever defend and save harmless the Association, its servants, agents, and employees from any claim, demand, debt or damage asserted by any guest, servant, invitee, child, dependent, or relative, or mine by reason of any alleged loss or injury to person or property, whether known now or discovered in the future, including loss of life, suffered in or about said pool or tennis court areas, or in any way arising therefrom, and I hereby forever release and discharge the said Association from any such claim which I may hereafter have on my own behalf, whether known now or discovered in the future, and agree that the said pool and facilities and tennis court areas shall be used at the sole risk and responsibility of the users thereof.

\_\_\_\_\_  
 Signature Date: \_\_\_\_\_

**RETURN APPLICATION TO:** Fairlington Green  
 c/o Cardinal Management Group, Inc., Agent  
 4330 Prince William Parkway, Suite 201  
 Woodbridge VA 22192-5361  
 Phone (703) 569-5797 Fax (703) 866-3156