

# MEMBERSHIP APPLICATION

#### **MEMBERSHIP TYPE**

neck One: In-District (Spring Lake Public Schools Tax Payer)			Out of District		
Individual Adult					
Couple Adult			(full-time through age 24 with valid school II		
Family (Parent(s) a	nd dependents up i	through the age of 24)			
	<u>PRIMARY I</u>	MEMBER INFORM	ATION_		
er Name:			Date of Birth://		
)			FAC Key Tag #:		
:			Apt:		
	State:	Zip:	Home Phone: ()		
·					
ntact:	Ph	one: ()	Relationship:		
<u>S</u> I	<u>ECONDARY</u>	' MEMBER INFORI	MATION		
nber Name:			Date of Birth://		
mber Name:			Date of Birth:///		
			FAC Key Tag #:		
			FAC Key Tag #:		
ntact:	Ph	one: ()	FAC Key Tag #:  Relationship:		
ntact:	Ph EPENDENT amily member th	one: ()  MEMBER INFORM  nrough the age of 24 living v	FAC Key Tag #:  Relationship:  MATION  within the same household)		
ntact:	Ph EPENDENT amily member th	one: ()	FAC Key Tag #: Relationship:  MATION within the same household)		
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ntact:	Ph EPENDENT amily member th	one: ()  MEMBER INFORM  nrough the age of 24 living v	FAC Key Tag #:  Relationship:  MATION  within the same household)		
ntact:	Ph EPENDENT amily member th	one: ()  MEMBER INFORM  nrough the age of 24 living v	FAC Key Tag #:  Relationship:  MATION  within the same household)		
	Couple Adult Family (Parent(s) and parent) er Name: : er on this application intact:	Couple Adult Co Family (Parent(s) and dependents up to PRIMARY I  er Name:	Individual Adult Individual Senior (62+) Couple Adult Couple Senior (62+) Family (Parent(s) and dependents up through the age of 24)  PRIMARY MEMBER INFORM  er Name:		

\*PHOTO ID IS REQUIRED FOR ALL LISTED ADULT MEMBERS (18+) TO SUBMIT APPLICATION \*

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#### **CONDITIONS OF MEMBERSHIP**

**Members Health:** The applicant(s) represent that each of them, together with any minors covered by this application, are sufficiently healthy to engage in physical activity without undue risk to themselves. They understand that participation in aerobics and other exercise, weight training, recreational sports, the use of pools, spas, steam rooms, and fitness equipment, or any other use of the Spring Lake Fitness and Aquatic Center, carries a potential risk of injury or illness. The applicant(s), on behalf of themselves and any minors covered by this application, assume all risk and further understand that neither the Spring Lake Public Schools nor the Spring Lake Fitness and Aquatic Center assumes any responsibility for any such injury or illness.

**Member Conduct and Right to Use the Facility:** The applicant(s) agree, on behalf of themselves and any minors covered by this application, to abide by all policies, rules, codes and procedures of the Spring Lake Fitness and Aquatic Center, and they understand that failure to act in accordance with such policies, rules, codes and procedures my result in the suspension or revocation of membership privileges. All applicants and their minor children or wards are required to comply with all laws, orders, ordinances, policies, regulations, as well as guidance adopted by Spring Lake Fitness and Aquatic Center as it relates to COVID-19. This guidance may evolve as circumstances warrant. Spring Lake Fitness and Aquatic Center may require a member or member's child or ward to leave the Center in the event the Center becomes aware that their continued presence may pose a health or safety risk to themselves or others.

**Criminal History:** The applicant(s) acknowledge that it is the policy of Spring Lake Fitness and Aquatic Center to deny or terminate membership with respect to any individual convicted of a sexual offense, and that the Spring Lake Fitness and Aquatic Center will periodically check its membership records for sex offense histories.

**Property Loss:** The applicant(s) understand that neither the Spring Lake Public Schools nor the Spring Lake Fitness and Aquatic Center is responsible for personal property lost, damaged, or stolen while using the Spring Lake Fitness and Aquatic Center or participating in Spring Lake Fitness and Aquatic Center programs.

**Photograph Permission:** The applicant(s) hereby give permission for the Spring Lake Fitness and Aquatic Center to take the picture of any person covered by this application for use in the membership program and for the software program.

**Insurance:** The applicant(s) understand, on behalf of themselves and any minor dependents covered by this application, that neither Spring Lake Public Schools nor the Spring Lake Fitness and Aquatic Center provides any accident or health insurance for its members or other participants, and further understands that it is their responsibility to provide such insurance coverage.

#### WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT

I wish to participate (or I wish my children or wards to participate) in or otherwise utilize or observe the facilities, services, equipment, programs or activities of the Spring Lake Fitness and Aquatic Center ("Center"). In exchange, I acknowledge and agree to all of the following:

**Assumption of Risk:** I do not know of any physical or mental health conditions that would prevent me or my children or wards from, or could get worse by, our participation in or use of the facilities, equipment, programs, activities or services at the Center. I have had an opportunity to inspect the Center facilities and equipment (or immediately upon entering or participating will inspect such facilities and equipment) and have accepted the Center's facilities, equipment and programs as being safe and reasonable suited for the purposes intended. I am aware of the inherent risks, to myself and my children or wards, of participating, observing, or using the facilities, activities, programs, or services of the Center, and I assume full and sole responsibility for any and all of the risks, including the risk of physical injury, drowning, or death, and including the risk of contracting illnesses, bacteria, or viruses, such as the highly contagious coronavirus, also known as COVID-19, which spreads easily in public places (like the Center) where people are present, despite efforts to reduce the risk.

**Waiver and Release of Liability:** I hereby release Spring Lake Public Schools and its Board of Education, and its Board members (individually and collectively), officers, directors, administrators, employees, agents and volunteers (collectively the "Releasees"), from any and all claims, demands, liability, loss, damage, illness (including exposure to or infection from germs, bacteria, or viruses, including COVID-19), and injury (up to and including death), whether known or unknown, present or future (collectively, the "Claims"), which may occur as a result of my presence at, participation in, or use of any

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program, activity, service, equipment, or facility associated with or comprising part of the Center, and which arise out of or relate to the negligent acts or omissions of any of the Releasees; and I hereby waive and release any and all such Claims against Releasees to the fullest extent allowed under Michigan law.

**Indemnification and Hold Harmless:** I agree to indemnify and hold harmless any and all of the Releasees from any and all liability, loss, and expense, including legal costs and attorney's fees, incurred by any of the Releasees, arising from or relating to any one or more Claims released in the preceding paragraph.

**Governing Law and Severability:** This agreement shall be interpreted according to the laws of the State of Michigan. If a court were to find any provision or provisions unenforceable, such provision or provisions merely shall be severed and the remainder shall be enforced. No aspect of this agreement shall be interpreted to lesson legal protections that Releases otherwise enjoy under Michigan law, and this agreement shall be in addition to, and not in derogation of, such protections.

**Voluntary Acceptance of Agreement and Binding Effect:** I understand that Spring Lake Public Schools and its Board expressly conditions and participation in or use or observation of the facilities, services, equipment, programs or activities of the Center, by me or my child or ward, on my agreement to sign this Waiver, Release of Liability, and Indemnification Agreement ("Agreement". I have read the Agreement. I understand it and voluntarily agree to it, and I freely sign it on my own behalf. This Agreement is binding upon my legal representatives, heirs, successors, and any other person or entity who tries to claim through me.

Adult Member Signature	Printed Name	Date
	_	//
Adult Member Signature	Printed Name	Date
Adult Member Signature	 Printed Name	//
		/ /
Adult Member Signature	Printed Name	Date
Memberships with Minors:		
If the membership application inc following additional certification:	ludes a child or ward under 18, the	parents/guardians must sign the
I/we give permission for my/our activities, programs, equipment, membership, including the condition indemnification, and, on my/our be conditions of membership. I/we	rdian(s) of the minor(s) listed on this children or wards to utilize or otherwand facilities. I/we have read and ons regarding assumption or risk, waive half and on behalf of my/our children or specifically agree to indemnify and hole may arise from or relate to my/our children, equipment or facilities.	wise participate in the Center's understand the conditions of er and release of liability, and wards, I/we agree to all of the d harmless the Releasees with
Each parent or legal guardian must sig	n below.	
Daniel Consideration Constant	- Drieted Mana	//
Parent/Guardian Signature	Printed Name	Date
Parent/Guardian Signature	 Printed Name	// Date

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#### **PAYMENT PLAN TYPE**

Check One: N	Monthly (requires credit card to be on file)			Annual	
			P FINANCIALS f use only		
	Annual			Monthly	
Initiation Fee	\$	50.00	Initiation Fee	\$	50.0
Initial Dues	\$		Current Month	\$	-

(prorated)

10th of each month

Total Due Today \$

Future Dues Amount: \$

Mext Month \$

Total Due Today \$

Future Dues Amount: \$

Monthly Payments are processed on the

### Memberships Automatically Renew

Membership dues will automatically be deducted from the credit card provided unless payment is made prior to due date.

## Membership Cancellation Policy

All <u>monthly membership</u> cancellations require written notice and are **effective at the end of the next month following cancellation submission date**. All monthly memberships are paid one month in advance.

For termination notices on all other contract terms written cancellation notice **is recommended to be provided at least 15days before your next payment due date**, in order to avoid paying for the next annual term.

Member Signature 'guardian signature for student memberships)	// Date	Staff Initials

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# CREDIT CARD AUTHORIZATION FORM

#### **CONTACT/BILLING INFORMATION**

Cardholder Name	e:			
Street Address:				Apt:
City:	State: _		Zip: Home Phon	ne: (
Member Account I	Name (if different from cardh	older):		
	CRE	DIT CARD	INFORMATION	
Card Type:	MC VISA DIS	SC AM	EX	
Card Number: _			Expiration Date:	/ CVV:
Name on Card:				
Billing Address (if	different from above):			
	PAYMEN	IT PLAN /	AUTOBILL OPTIONS	
Monthly		Annual		
,	s nor e-mail reminders will be se ds are automatically charged on t	ent out)	Auto Deduct on due date -OR- E-mail reminder 1 day prior automatically deducting due -OR- Mail Paper Statement (credit card will be charged aut payment is not made by cash/o	Initials:  Initials:  tomatically on due date if
	<u>PA</u>	YMENT AU	ITHORIZATION	
in effect until the balar	., on behalf of SLFAC to debit my acco nce is paid in full or SLFAC receives v to afford SLFAC reasonable opportu	written notificat	ed above according to the terms stated ion from me of any intent to termina	d here. This authorization shall remain ate this payment plan and at such time
I understand that if the until the amount owed applied for with a new	${\sf I}$ to SLFAC is paid off, or unless the ${\sf p}$	eased, I authori lan is terminat	ze this plan to continue as long as the ed earlier by me as stated above. I u	e payment amount remains unchanged understand any added amounts can be
Form to be filled out a by SLFAC or Access On the event that SLFAC is	nd submitted to SLFAC 15-days prior e., due to Non-Sufficient Funds (NSF	to any change ). I understand	being implemented. I understand th that I will be liable to pay the NSF fe	new Electronic Payment Authorization at this payment plan may be cancelled es that will be charged by my bank. In a liable to pay these fees and authorize
			horization for the purpose of implem ge, loss, or claim resulting from all au	nenting this electronic payment plan. ${ m I}$ ithorized action hereunder.
Signature				// Date
Received By				