



16140 148th Avenue  
Spring Lake, Michigan 49456

(616) 847.5858  
www.slfac.com

# MEMBERSHIP APPLICATION

Type of membership:

Check one :  Resident (*Spring Lake Public Schools Tax Payer*)  Non-Resident

Check one :  Family  Single Adult  Senior (62+)

Couple  Senior Couple (62+)  Student (full-time through age 24 with valid school I.D.)

Primary Member: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Card ID: \_\_\_\_\_

Associate Member: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Card ID: \_\_\_\_\_

Address: Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Cell: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about the FAC? \_\_\_\_\_

Have you ever been convicted of a felony involving a minor?  Yes  No

## Dependents

(*Dependent must be immediate family member through age 24 and live within the same household.*)

Name	Age	Date of Birth	Relationship	Card ID

Payment Options: (*Credit cards must be on file for all monthly memberships*)

Check One:  Pay Annually  Pay Semi-Annually  
 Quarterly  Monthly

## CONDITIONS OF MEMBERSHIP

**Member's 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 Community 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 such risk and further understand that neither the Spring Lake Public Schools nor the Spring Lake Community 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 Community Fitness and Aquatic Center, and they understand that failure to act in accordance with such policies, rules, codes and procedures may 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 Community 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 Community Fitness and Aquatic Center to deny or terminate membership with respect to any individual convicted of a sexual offense, and that the Spring Lake Community 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 Community Fitness and Aquatic Center is responsible for personal property lost, damaged, or stolen while using the Spring Lake Community Fitness and Aquatic Center or participating in Spring Lake Community Fitness and Aquatic Center programs.

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

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

**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 Community Fitness and Aquatic Center (“Center”). In exchange, I acknowledge and agree to the above conditions of membership and all of the following:**

**Assumption of Risk:** I do not know of any physical or mental health condition 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 reasonably 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 the 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 or my child’s or ward’s presence at, participation in, or use of any 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 attorneys’ 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:** I agree that my agreement to these conditions of membership shall be interpreted according to the laws of the State of Michigan, and that 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 these conditions of membership (and, if accepted by the Center, the resulting agreement) shall be interpreted to lessen legal protections that Releasees otherwise enjoy under Michigan law, and these conditions shall be in addition to, and not in derogation of, such protections.

**Voluntary Acceptance and Agreement; Binding Effect:** I understand that Spring Lake Public Schools and its Board expressly conditions any 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 these conditions of membership. I have read these conditions. I understand them and voluntarily accept them. I freely sign them on my own behalf and on behalf of my children or wards. I also agree that these conditions are binding upon my legal representatives, heirs, successors, and any other person or entity who tries to claim through me.



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**For staff use only:**

Initial Payment:    Cash         Check         Credit Card         Payroll Deduction (SLPS Employees)

Initiation Fee: \_\_\_\_\_

Monthly Membership: Current Month Pro-Rate \_\_\_\_\_ Next Month Dues: \_\_\_\_\_

Quarterly Memberships \_\_\_\_\_ Semi-Annual Memberships \_\_\_\_\_ Yearly Memberships \_\_\_\_\_

**Guest Fee Credits:** (Last 30 Days) \_\_\_\_\_

**Back Dues:** (Please Check Account) \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

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*\*Membership will automatically renew. Membership dues will automatically be deducted from the credit card provided unless payment is made prior to due date. Members are required to give a 30 day written notice and be an active member in order to cancel.*

\_\_\_\_\_  
*Member or Parent / Legal Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Initials*