



Handley Membership Application



Member Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____

Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Family Members:

Name: _____ Date of Birth: _____

Membership Type:(please circle) Adult Family* Child/Senior High School / College

Payment: (please circle) Monthly 3 months 6 months Yearly

*Family membership includes 2 household adults and any children 18 and younger.

Key Fob

Key Fob #: (first 5 digits) _____

Amount Paid: _____

Employee's Initials: _____ Date: _____ Entered: Glofox Key Fob



Handley Release Form



(If youth membership, this application must be signed by a parent or guardian.)

Please read the following carefully, sign and date below:

I understand that there are inherent risks in participation at the Handley facility and/or program usage: including but not limited to broken bones, head injuries and even death. In consideration of the applicant and their family members being able to use this center and/or participate in programs, I hereby waive and release any and all rights and claims for myself, my heirs, my executors and administrators this applicant for their family may have against the Handley or it's officers, directors, employees, representatives, agents and successors for any and all injuries enrollee may suffer in connection with their participation at the Handley.

I agree that if any injury should occur to member and/of family members the staff in attendance is granted full right to act on behalf of and in best interest of the member and/or family members and to obtain any necessary medical or other treatment or care.

I understand that for membership to be granted, this form must be signed.

This is a legally binding liability release, waiver, discharge and covenant no to sue (the "Release"), made by e, the undersigned, to the Handler.

I, _____, fully recognize that there are dangers and risks involved in allowing the public (hereinafter "patrons") to enter and use the equipment and facility of the Handley during non-business hours.

I, Patron, therefore agree to assume and take upon myself all risks and responsibilities in any way associated with the use of the Handley. In consideration of, and in return for, allowance provided to me by the Handley, I release the Handley, it's officers, directors, and it's employee(s) from any and all liability, claims or actions that may arise from injury or harm to me, from my unjury, death or from damage to my property in connection with use of the facility. I understand that this Release covers liability, claims, and actions caused entirely or in part by any acts or failures to act by the Handley and it's employee(s) including, but not limited to negligence, mistake and/or failure to supervise.

I recognize that this Release means I am giving up, among other things, rights to sue the Handley, it's agents, employees, for injuries, damages or losses I may incur while using the Handley facility. I also understand that this release binds my heirs, executors, administrators and assigns as well as myself.

I have read the entire Release and I fully understand it and agree to be legally bound by it.

Releaser's Signature: _____ Date: _____