

# Ozark Pickleball & Sports Complex Membership Agreement

Membership Fees:

	Monthly Membership	Yearly Membership
Single	\$20.00	\$200.00
Single with discount (10%) (*)	\$18.00	\$180.00
Family	\$30.00	\$300.00
Family with discount (10%) (*)	\$27.00	\$270.00

(\*) A 10 % Discount is available for Senior Citizens (62 years of age and older), Active and Retired Military, and City of Ozark Employees. Discounts may not be combined.

Each member is required to have a FOB. Each FOB costs \$10.00. FOB replacement also costs \$10.00.

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## Primary Member Information

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
 Home / Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_  
 FOB number: \_\_\_\_\_ Issued on: \_\_\_\_\_ Initials: \_\_\_\_\_

## Family Add-ons (MUST reside in same physical address)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ FOB number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ FOB number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ FOB number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ FOB number: \_\_\_\_\_

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## FOR OFFICIAL USE ONLY

Receipt Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Membership fee charged: \_\_\_\_\_ Method of Payment: \_\_\_\_\_  
 Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Ozark Pickleball & Sports Complex Membership Rules and Regulations**

(Items 1, 7, and 8 must be initialed)

1. Members must have an Entry Access Card (FOB), issued by the Ozark Pickleball & Sports Complex, in order to access the Ozark Pickleball & Sports Complex premises. \_\_\_\_\_
2. A member is required to show his/her Entry Access Card (FOB) to enter the Ozark Pickleball & Sports Complex premises.
3. A member may use the Ozark Pickleball & Sports Complex premises during any operating hours.
4. Members must abide by all membership and facility's rules and regulations, including those posted in and about the premises.
5. Members are not allowed to bring guests.
6. A member who allows other persons to use his/her Entry Access Card (FOB) will have his/her membership privileges revoked.
7. Membership are not refundable or transferable. A lost Entry Access Card (FOB) may be replaced by paying a \$10 fee to replace the lost Entry Access Card (FOB). \_\_\_\_\_
8. I acknowledge that I have received and Entry Access Card (FOB) from Ozark Pickleball & Sports Complex. \_\_\_\_\_

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### **Waiver of Liability and Indemnity**

I attest, contract, understand, and agree that I am to be legally bound to the contents of the following waiver:

In consideration of the Ozark Pickleball & Sports Complex accepting me as a member (guest), I hereby stipulate and agree to the following:

1. I, the undersigned, hereby acknowledge and confirm that I am fully aware of the dangers and risks involved in the use of the Ozark Pickleball & Sports Complex. I do hereby absolve and release the Ozark Pickleball & Sports Complex from any and all responsibility or liability, and agree to indemnify and hold harmless the Ozark Pickleball & Sports Complex and its employees, from and against any and all actions, claims, costs, expenses, or demands of any kind whatsoever, or howsoever caused, while I am participating in any activity at the Ozark Pickleball & Sports Complex facility. I confirm that the use by me of said equipment, facility, or programs, is at my own sole risk.
2. That I am physically sound and that I have medical approval to proceed with a normal exercise routine, and that all exercise shall be undertaken by me at my own sole risk.
3. That I will abide by the Ozark Pickleball & Sports Complex' rules and regulations, and if I fail to follow the rules and regulations, the Ozark Pickleball & Sports Complex may cancel my membership and I will not be entitled to a refund of the dues paid.
4. That this release and waiver of rights shall be effective not only on the date hereof, but also on all occasions subsequent hereto when I shall use the Ozark Pickleball & Sports Complex' facilities, equipment, or programs.

Date:

Member's Signature: