

OAK HILL CONDOMINIUM ASSOCIATION
HEALTH CLUB RENEWAL

APPLICANT(S) (Please Print) _____

UNIT #: _____ HOME PHONE #: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE #: _____ DATE OF BIRTH: _____

RENEWAL APPLICATION

The undersigned ("**Applicant(s)**") hereby applies for membership in the Health Club ("**Health Club**") at the Oak Hill Condominium Association ("**OHCA**"). The areas know as the Health Club consists of a sauna and exercise room located at the lower level of the Club House. The Application will be accepted, and its terms and conditions will become effective only upon the acceptance of the Application by OHCA.

1. The term of membership shall be for the **calendar year 20** . The membership fee of \$_____ is payable upon submission of this application. See cover letter for fees.
2. All activities of the Applicant(s) in the Health Club premises and the use of all services and facilities therein by Applicant(s) shall be undertaken at Applicant's sole risk. OHCA shall not be liable by reason of any injury or damage to the person or property of Applicant(s) or anyone else arising out of, or connected with, the use of any of the services or facilities of the Health Club, or for any kind of damage or injury which may arise from any cause whatsoever on the premises of the Health Club.
3. As a condition to acceptance of the application, Applicant(s) shall provide a medical certification as to the Applicant's ability to utilize the Health Club in a form provided by OHCA. OHCA reserves the right to deny membership to any Applicant(s) which has any medical limitations regarding the use of the Health Club.

OHCA ACCEPTED:

BY: _____

APPLICANT

DATE: _____

APPLICANT

APPLICANT