



Temporary Renter Transfer Golf Membership Application

Renter/Applicant Information

Applicant's Name:		Phone:
Co-Applicant's Name:		Phone:
Home Address:		
City:	State:	ZIP Code:
Email Address:		

Member/Landlord Information

Landlord Name:		
Rental Address:		
City:	State:	ZIP Code:

Non-Refundable Transfer Fee:

Transfer Fee per month: \$296.80 (\$280.00+6% tax = \$296.80)	Term of Lease (# of months)	Total Amount Due: (monthly fee x number of months on lease)

Waiver of Liability

I represent that I am in sound physical condition and that I have no disability, impairment, or ailment preventing me from engaging in active or passive exercise or that will be detrimental to my health, safety, comfort, or physical condition if I so engage or participate. I know of no reason whether physical, mental or otherwise which would prevent me from starting and participating in a physical fitness program.

I recognize that the undertaking program offered by Spanish Wells Golf and Country Club and the use of equipment has certain inherent risk and potential for injury. It is agreed that I assume such risk entirely. Accordingly, to the fullest extent permitted by law, Spanish Wells and its directors, officers, agents or employees are fully and forever released from any and all claims, demands, damages, rights of action, present or future, whether known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in the program of Spanish Wells or the equipment of the facility thereof.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

Office Use Only

Payment Type:	Date of Payment:	Accepted By:
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Please include a copy of your lease and payment in full with this application.

Please send all documents at least 5 days prior to arrival.

Please stop by the Administration Office upon arrival to pick up your guest card(s).