



N160 St. Rt. 108
Napoleon, OH 43545
Phone: (419) 592-6451

Date: _____

Hanson Aquatic and Wellness Center Individual Membership Application

Please check the type of membership you are applying for:

☐ Pool Membership ☐ Fitness Room Membership ☐ Combination Membership ☐ Couple Membership

Name: _____

Birth Date: _____

Address 1: _____

Gender: ☐ Female

City: _____ State: _____ Zip Code: _____

☐ Male

Phone: _____ Alternate Phone: _____

☐ Prefer Not to Say

Email Address: _____

Payment Method:

Emergency Contact Person: _____

☐ Monthly

Emergency Contact Phone Number: _____

☐ Yearly

Assistant/Therapist Name: _____

☐ FMHM Employee

Employee # _____

☐ Assistant/Therapist Required

RELEASE OF LIABILITY

(You must be able to give informed consent to hold Filling Home harmless in the event of injury and/or death while using our facility. If Filling Home questions the ability of individuals to give informed consent Filling Home reserves the right to refuse services.)

I understand and agree that there are risks, both foreseeable and unforeseeable, associated with any use of the pool/gymnasium. I am aware of these risks and agree that my participation is at my own risk. I affirm that my health is good, and that I am not under a physician's care for any condition that bears upon my ability to participate in gym or aquatic activities. I understand that there is NO LIFEGUARD ON DUTY, that all members and their guests (including children) are SWIMMING AT THEIR OWN RISK. I willingly and knowingly assume all risk for my child/myself. I hereby waive and release any and all rights and claims for damages I may have against Filling Home. I hereby understand and agree that neither Filling Home, nor its respective corporations, officers, directors, employees, agents, members, or volunteers, shall assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury I may suffer during, or resulting from, my participation in this program. I also waive and release any and all rights and claims by my heirs, executor, and/or administrators

You must be 18 years of age or older to have a membership. All guests must also be 18 years of age or older. Proof of identification may need to be provided when applying.

Applicant: _____ Date: _____

Applicant Guardian: _____ Date: _____

Applicant Authorized Agency: _____ Date: _____

For Office Use Only

The applicant has been accepted and has been assigned the following membership number:

Membership ID Number: _____

The applicant has been given the following: ☐ Individual Participant Waiver Form for Assistant/Therapist –

Hanson Aquatic and Wellness Center Membership Rates

Memberships include access to the Fitness Center, Aquatic Center, or both depending on the membership purchased. Memberships have access to the facilities only during posted hours, which are subject to change.

All fees will be paid for in advance at which time an access badge will be issued to allow entry to the facilities. The access badge will deactivate at the end of the pre-paid period. In order to have uninterrupted access, you will need to make your membership payment the last week of the active membership period.

All memberships are non-refundable.

	Per Month	Per Year
Individual Fitness Room Membership	\$30.00	\$306.00
Couple Fitness Room Membership	\$50.00	\$510.00
Filling Home Staff Fitness Room Membership	\$10.00	\$102.00
Individual Pool Membership	\$40.00	\$408.00
Couple Pool Membership	\$70.00	\$714.00
Filling Home Staff Pool Membership	\$15.00	\$153.00
Individual Combo Membership	\$60.00	\$612.00
Couple Combo Membership	\$100.00	\$1020.00
Filling Home Staff Combo Membership	\$20.00	\$204.00
Replacement Access Badge		\$5.00