



504 Clubhouse Way W.  
Desert Aire, WA 99349

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### RECREATIONAL FACILITY ENROLLMENT

**MEMBERSHIP FEES:**

Exercise (Property Owner)

Individual  \$60.00 per year

Exercise (Renter)

Single  \$130.00 per year

Pool (Renter)

Single  \$100.00 per Season (May to September)

Couple  \$140.00 per Season (May to September)

Family  \$200.00 per Season (May to September)

Participants must be authorized by a Desert Aire Property Owner/See reverse for Renter Agreement. Students are 18-24 years old and must show a current college/trade school ID.

This is a non-profit activity and all money will be used for cleaning, maintenance, and upgrading equipment.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ LOT: \_\_\_\_\_ DIV: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

RENTERS MUST FILL OUT THE REVERSE SIDE OF THIS FORM



**For Office Use Only:**

Member: \_\_\_\_\_ ID Number: \_\_\_\_\_ Card Number: \_\_\_\_\_

\_\_\_\_\_

**AGREEMENT FOR RECREATIONAL FACILITY USE**  
**(Exercise, Pool, and Tennis Court)**

**Renter Agreement**

1. In consideration of being allowed to use its facilities, in addition to the payment of any fee, I do hereby waive, release and forever discharge the Desert Aire Owners' Association and its officers, agents, employees, representatives and all other from any and all responsibility or liability for injuries or damages resulting from my use of the recreational facility, its equipment or machinery, or arising out of my participation in any activities at said recreational facilities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any recreational facility activity.  
(Please Initial \_\_\_\_\_ / \_\_\_\_\_)
  
2. I hereby agree to expressly assume and accept any and all risks of injury or death.  
(Please Initial \_\_\_\_\_ / \_\_\_\_\_)
  
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in the recreational facilities. I acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity without the approval of my physician and do hereby assume all responsibility for my participation and activities.  
(Please Initial \_\_\_\_\_ / \_\_\_\_\_)

**Renter Agreement**

PRINTED NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ PHONE # \_\_\_\_\_

Use of the facilities is a privilege. This privilege may be revoked at any time. You are personally and financially responsible for payment of any damages or injuries incurred or created by you or your family, should you or your family member(s) cause any inappropriate conduct.

I \_\_\_\_\_ (Renter's Signature) HAVE READ THE ABOVE STATEMENT AND UNDERSTAND MY RESPONSIBILITIES AND LIABILITIES AND AGREE TO FOLLOW THE ABOVE REQUIREMENTS.