



Please hand in your completed form to the Golf Shop or send to:  
 Email | pelicans@paradisepalms.com.au  
 Post | PO Box 525, Smithfield, Q 4878  
 Fax | 4059 1828

# LEISURE MEMBERSHIP APPLICATION FORM

|                             |                          |   |  |  |  |  |
|-----------------------------|--------------------------|---|--|--|--|--|
| <b>MAIN CONTACT DETAILS</b> |                          | 2011  |  |  |  |  |
| ADULT 1                     | MR   MRS   MS   DR   REV | STREET ADDRESS<br>_____<br>_____<br>_____<br>STATE <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> |  |  |  |  |
|                             |                          |   |  |  |  |  |
| SURNAME _____               | FIRST NAME _____         |   |  |  |  |  |
| HOME PHONE _____            | MOBILE _____             |   |  |  |  |  |
| DOB _____                   | EMAIL _____              |   |  |  |  |  |

|                             |                          |           |
|-----------------------------|--------------------------|-----------|
| <b>OTHER MEMBER DETAILS</b> |                          |           |
| ADULT 2                     | MR   MRS   MS   DR   REV |           |
| SURNAME _____               | FIRST NAME _____         | DOB _____ |
| CHILD 1                     |                          |           |
| SURNAME _____               | FIRST NAME _____         | DOB _____ |
| CHILD 2                     |                          |           |
| SURNAME _____               | FIRST NAME _____         | DOB _____ |
| CHILD 3                     |                          |           |
| SURNAME _____               | FIRST NAME _____         | DOB _____ |

|                           |  |                          |                           |         |
|---------------------------|--|--------------------------|---------------------------|---------|
| <b>MEMBERSHIP DETAILS</b> |  | <input type="checkbox"/> | POOL & PLAY PACKAGE       | \$149   |
| START DATE: _____         |  | <input type="checkbox"/> | POOL, PLAY & PUTT PACKAGE | \$199   |
| EXPIRY DATE: _____        |  |                          | TOTAL COST                | \$_____ |

|  |              |
|--|--------------|
| <b>PAYMENT DETAILS</b>   |              |
| CARD NUMBER _____  | EXPIRY _____ |
| NAME ON CARD _____   |              |
| SIGNATURE _____  |              |
| <input type="checkbox"/> I agree to have the total cost as indicated above charged to this credit card |              |



Please hand in your completed form to the Golf Shop or send to:

Email | pelicans@paradisepalms.com.au

Post | PO Box 525, Smithfield, Q 4878

Fax | 4059 1828

## LEISURE MEMBERSHIP APPLICATION FORM

### MEMBERSHIP GUIDELINES AND INCLUSIONS

- Members are required to collect wrist band from the Golf Shop before entering the pool or playground area.
- Wristbands must be worn at all times when in pool & playground area
- 1 x rubber wristband will be available per membership for pool access via Resort entrance
- Membership card will be available for collection from the golf shop 24 hours after submitting application
- Lap pool access is available from 6am to 9pm daily
- Playground and Mini Golf access is available 7am to 9pm daily

### TERMS AND CONDITIONS

I agree to the conditions set out in this waiver and indemnity as follows:

1. That I undertake the activities at the Paradise Palms Lifestyle Centre and any associated activities freely, voluntarily and absolutely at my own risk; and
2. I acknowledge and agree that due to the voluntary nature of the activities and any associated activities that it would be unreasonable for TW Hedley (Investments) Pty Ltd, PTH Vision Pty Ltd & RAS Vision Pty Ltd, their Directors, employees, affiliated and/or subsidiary entities, agents, successors and assignees to be held liable for any injury or accident resulting in death that may occur as a result of the described and any associated activities including , liability for any negligent or tortious act or omission, breach of duty, breach of contract or breach of statutory duty of any liability under the Personal Injuries Proceedings Act 2002, the Civil Liability Act 2003 and the Trade Practices Act 1974; and
3. That to the full extent permitted by law, I waive all of my rights of actions including any action in negligence, tort , breach of contract or any liability under the Personal Injuries Proceedings Act 2002, the Civil Liability Act 2003 and the Trade Practices Act 1974; and
4. I understand that this waiver shall bind me, my successors and my executors; and
5. I have read this waiver and indemnity and understand it is a waiver of my legal rights by entering into the activities.
6. I have read and understand this waiver of my legal rights

### MEMBERSHIP DECLARATION

I agree to the terms and conditions of membership as outlined above.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

in the presence of

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

### OFFICE USE ONLY

NEW MEMBERSHIP

RENEWAL

PAYMENT PROCESSED

MMS ENTERED/UPDATED

MMS INVOICED/RECEIPTED

MEMBERSHIP CARD

CARD COLLECTED \_\_\_/\_\_\_/20\_\_

PROCESSED BY: \_\_\_\_\_