

# Healing Waters Health Center

## Pool Membership

**Warm Water Salt Pool:** Relax, stretch and strengthen in our warm salt water pool. The pool offers a beautiful environment with large windows to outdoor green and blue skies. This is a great way to heal mind, body and soul in healing warm salt water. Bring family members with for an additional \$10 per person for each 2 hour session.

### **COST:**

\$15 per visit

\$60 for a one month unlimited membership

\$141 for a three-month unlimited membership

\$527 for a twelve-month unlimited membership

**Pool Membership Hours:** (subject to change without notice, check website calendar for hours)

**Monday** - 11:00 am – 1:00 pm

**Monday** - 6:00 pm – 8:00 pm

**Wednesday** - 6:30 am – 8:30 am

**Thursday** - 11:00 am – 1:00 pm

**Please note that this membership is non-transferable.**

[www.healthcenterwi.com](http://www.healthcenterwi.com)

# Healing Waters Health Center

## Pool Membership Agreement

\_\_\_ I agree to have my debit/credit card charged for the amount circled below.

\_\_\_ These packages are non-transferable.

\$60 for a one month unlimited membership

\$141 for a three-month unlimited membership

\$527 for a twelve-month unlimited membership

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### Healing Waters Health Center/Points of Stillness, LLC

#### Liability Waiver

The undersigned does not hold Healing Waters Health Center, Points of Stillness, LLC and LASH liable for any accident or injury while on the premise including the pool. The undersigned takes full responsibility for safe use of pool and surrounding area. The undersigned takes full responsibility for guests. The undersigned understands that Healing Waters Health Center has no lifeguard on duty.

#### Pool Membership Participant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_