



PRIMARY CONTACT INFO: IF BASIC/POOL- PARENT INFO HERE

First Name	Middle	Last Name	Photo on file () Y () N Gender () M () F	
Mailing Address		City	State	Zip Code
Phone	Birthdate (mo/day/yr)	Medical Conditions		
Emergency Contact	Emergency Contact Phone Number		Emergency Relationship	

By signing this document, I have read and fully understand the above programs/activities details. I waive and release all claims

Print Name	Sign Name	Date
Key Tag Number	FOB Number	If Parent to Basic/Pool Student- Relationship

SECOND ADULT INFO: (ONLY complete if they are included on your membership)

First Name	Middle	Last Name	Photo on file () Y () N Gender () M () F	
Mailing Address		City	State	Zip Code
Phone	Birthdate (mo/day/yr)	Medical Conditions		
Emergency Contact	Emergency Contact Phone Number		Emergency Relationship	

By signing this document, I have read and fully understand the above programs/activities details. I waive and release all claims

Print Name	Sign Name	Date
Key Tag Number	FOB Number	

FAMILY MEMBERS: children included on your membership. If BASIC/POOL: Student info

Child's Name	School & Grade	Photo on file () Y () N Gender () M () F	Medical Conditions?
Key Tag Number	Birthday (mo/day/yr)		
Child's Name	School & Grade	Photo on file () Y () N Gender () M () F	Medical Conditions?
Key Tag Number	Birthday (mo/day/yr)		
Child's Name	School & Grade	Photo on file () Y () N Gender () M () F	Medical Conditions?
Key Tag Number	Birthday (mo/day/yr)		
Child's Name	School & Grade	Photo on file () Y () N Gender () M () F	Medical Conditions?
Key Tag Number	Birthday (mo/day/yr)		
Child's Name	School & Grade	Photo on file () Y () N Gender () M () F	Medical Conditions?
Key Tag Number	Birthday (mo/day/yr)		

Fitness Membership _____ Adult 18+ _____ 2-Person _____ Family _____ Senior _____ Student _____ Fit Pass \$20 No FOB

Type	Monthly Auto Deduct add one time	Annual (includes 10% discount)	Month to Month add one time \$25
Student (16/17yrs) & Senior	\$15	\$162	\$22
Individual Adult	\$20	\$216	\$27
2- Person	\$30	\$324	\$37
*Family	\$40	\$432	\$47

Pool Membership (RVP season)

_____ Adult 18+\$90 _____ 2-Person \$140 _____ Family \$200(6ppl) _____ \$225(7+ppl) _____ Senior \$80 _____ Student \$70

Club Membership _____ Adult 18+ \$20 Jog and Walk Year Around 6am-9am Knitting Club Tues 9am-11:30am Bridge Club Tues 1pm-4pm

Basic Membership (Lower Level) _____ Adult 18+\$50 _____ 2- Person \$75 _____ Family \$100 _____ Senior \$25 _____ Student \$25

Full Time Employee Department: _____ Adult 18+ _____ 2-Person _____ Family _____ Senior _____ Student

Membership Plan _____ Monthly Auto Deduct _____ Annual _____ Month to Month _____ Daily

Payment Plan _____ Cash _____ Credit Card _____ EBT _____ Tivity/Renew Active _____

Total/Notes

WAIVER OF LIABILITY I recognize and acknowledge, on behalf of myself, my child/ward as parent and/or guardian and/or all people listed on the membership form, ("Participants"); that there are certain risks of physical injury that can be serious, life limiting, and life threatening, that may occur during our participation in programs/activities in the Clinton Parks & Recreation Department, and certain dangers inherent in the activity which cannot be avoided or eliminated. I agree to assume the full risk of any such injuries, damage or loss regardless of severity which we may sustain as a result of participating in any activities connected or associated with any such participation. I waive and relinquish all claims that "Participants" may have against the City of Clinton, the Clinton Community School District and Clinton Community College, ("Released Parties"); their officers, agents, servants, volunteers and employees of each as a result of participation in a recreational program/activity. I hereby fully release and discharge the "Released Parties" from any and all claims from injuries, damage, or loss which "Participants" may have or may accrue in a recreational program/activity.

ACKNOWLEDGEMENT OF RISK Please read this information carefully. Recreational programs/activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational program/activity. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries may exist for reasons including but not limited to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defect, inadequate or defective equipment, inadequate supervision, instruction or officiating, death as a result of drowning or brain damage caused by near drowning in pools or bodies of water, medical conditions resulting from physical activity, damaged clothing or other property. If using the Fitness Room, I agree to only allow registered "Participants" on this membership into the building. "Participants" are not allowed to let unregistered guest in the building. I also understand that there are times when the Erickson Community Center has no supervision in the building and I will be solely responsible for my actions. Only "Participants with issued FOB and Membership Card, 18 or older, are permitted to be in the building after normal business hours. Enter at your own risk. When registering for and/or participating in a recreational program/activity, I expressly assume the risk and legal liability, and waive and release all claims for injuries, damages or loss that "Participants" might sustain arising out of participation in all activities connected with or associated with this program. I acknowledge that, by its very nature, some activities involve bodily contact, emotional stress and/or physical exertion. Therefore, "Participants" are at risk and should be physically fit and have the required skill level required for participation. Further, I will inform "Participants" that they expected to cooperate with, and follow the directions of, the persons in charge of the activity and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others. I understand it is recommended that participants check with their physician prior to participation and obtain any mandatory or desired life, travel, accident, property, or other insurance at my own expense. I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by attending medical personnel if I am not able to act on the "Participants" behalf and acknowledge that the "Released Parties" shall have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment. Further, I will notify the Parks & Recreation Department if a change to the "Participants" health or other condition would affect their ability to participate.

INDEMNIFICATION I further agree to indemnify and hold harmless the "Released Parties" from any and all claims resulting from injuries, damages and losses sustained "Participants" and arising out of, connected with, or in any way associated with the activities of the recreational program/activities, except those that arise solely from the negligence of the "Released Parties" and co-players.

PHOTO/VIDEO POLICY and WARNING Photos and video footage are periodically taken of people in a City program/activity, attending a class or event, or using City facilities or property. By registering for a program or class, participating in an activity, attending an event or using City facilities or property, you authorize the City to use these photos and video footage for promotional purposes in City publications, advertising, marketing materials, brochures, event flyers, social media, and the City's website without additional prior notice or permission and without any compensation to you. All photos and videos are property of the City.

CODE OF CONDUCT I pledge to be responsible for my words and actions while attending, coaching, officiating, or participating in any Parks & Recreation Department programs/activities and shall conform my behavior to the be consistent with the expectations identified in the Parks & Recreation Department Code of Conduct and/or Facility Specific Guidelines. If rules, expectations and regulations are not met or followed, termination or dismissal may occur. Remember this is a City owned facility and you are sharing the space with people ranging from small children to senior adults. If you are given a FOB and/or Membership Card, this is property of the City of Clinton and is only issued to the "Participants". Sharing or transferring these items with people not listed on this membership form may/can result in termination of the membership. My signature above indicates that I have read, understand, and agree to abide by the Parks & Recreation Department Code of Conduct and/or Facility Specific Guidelines.

AQUATICS I specifically recognize and acknowledge that there are certain risks of physical injury exist at aquatic facilities. I voluntarily assume the full risk of any injuries, damages or loss, regardless of severity that "Participants" sustain as a result of participating in any activities or programs connected with or associated with use of aquatic facilities. I further acknowledge that lifeguards and other aquatic staff are not responsible for supervising my activities or the activities of my minor child(ren). I am solely responsible for supervising my minor children and/or assessing whether my children are physically fit and/or adequately skilled for aquatic activities. I agree to supervise any children ages 15 and under always. Adult is 16 and up at pool.