



Discover. Connect. Belong.

SUMMER MEMBERSHIP APPLICATION

Name: _____ Date of Birth: ____ / ____ / ____ Age: _____

Address: _____ City: _____ Zip Code: _____

Municipality: East Hempfield _____ West Hempfield _____ Mountville _____ East Petersburg _____ Non-Resident _____

Phone: Home _____ Cell _____ Email: _____

Emergency Contact (Name, Phone, Relation): _____

How did you find out about Hempfield recCenter/East Petersburg Pool? _____

Membership Category: Individual ____ Couple ____ Family ____ Senior Individual ____ Senior Couple ____

Membership Type: Pool Only ____ Fitness & Pool ____ Tennis ____ Combo Gold ____ Caregiver ____ Student ____

Additional Family Members:

(Family Memberships consist of two (2) adults and two (2) dependents. Add \$35.00 for each additional dependent over 3 years old.)

Member's Name:	Date of Birth:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RELEASE OF LIABILITY – Please Read Carefully

I have read and agree to abide by the Rules and Regulations of the Hempfield recCenter which are subject to change without prior notice and are incorporated herein by reference and binding on myself and all members listed above. I give Hempfield recCenter permission to use pictures or videos of myself or any member listed above for promotional purposes. I understand that physical exertion and participation in recreational and fitness activities involves inherent and other risks including, but not limited to, bodily injury, death, and property loss. I, ON BEHALF OF MYSELF AND EACH MEMBER LISTED ABOVE, EXPRESSLY AND VOLUNTARILY ACCEPT AND ASSUME THE RISKS OF, AND HEREBY UNCONDITIONALLY RELEASE HEMPFIELD RECCENTER AND ITS OWNERS, DIRECTORS, OFFICERS, EMPLOYEES, AND AGENTS, AND EACH OF THEIR RESPECTIVE HEIRS, SUCCESSORS, ASSIGNS, AND REPRESENTATIVES (COLLECTIVELY, THE "RELEASEES") FROM ANY AND ALL LOSSES, COSTS, LIABILITIES, EXPENSES, AND CLAIMS (PAST, PRESENT, OR FUTURE) OF ANY NATURE THAT MAY BE ASSERTED BY ME THAT IN ANY WAY ARISE FROM OR RELATE TO PARTICIPATION IN ANY HEMPFIELD RECCENTER PROGRAM OR USE OF ANY HEMPFIELD RECCENTER PROPERTY BY MYSELF OR ANY MEMBER LISTED ABOVE, REGARDLESS OF WHETHER THE LOSS, COST, LIABILITY, EXPENSE, OR CLAIM ARISES OUT OF INHERENT, FORESEEABLE, OR REASONABLY EXPECTED RISKS AND REGARDLESS OF ANY NEGLIGENCE OF ANY RELEASEE. I agree to indemnify and hold each Releasee harmless from and against any and all loss, cost, liability, or expense of any nature (including, but in no way limited to, attorney fees), whether or not involving a third-party claim, incurred by any Releasee and in any way arising from or related to: (a) participation in any Hempfield recCenter program or use of any Hempfield recCenter property by myself or any member listed above; (b) any attempt by myself, any member listed above, or any other party to challenge the validity or enforceability of this Release; or (c) any refusal by myself, any individual listed above, or any other party to fully honor any of the provisions of the Release. This Release shall remain in effect indefinitely.

I have read and fully understand this Release and am signing willingly, intelligently, and voluntarily, and with the intent that this Release will be legally binding on myself and my heirs, successors, assigns, and representatives.

Print Name: _____ Signature: _____ Date: ____ / ____ / ____

Parent's Name: _____ Parent's Signature: _____ Date: ____ / ____ / ____

Applicants ages 17 and younger must have this form signed by a Parent or Legal Guardian

FOR OFFICE USE ONLY

Membership Fee: \$ _____ Check _____ Cash _____ Credit Card _____

Total Paid: \$ _____ Membership Expiration Date ____ / ____ / ____

Staff Initials _____