



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: Cell _____ Home: _____ Email: _____

Emergency Contact (Name, Phone, Relation): _____

Membership Type (check one): Pool ___ Pool and Fitness ___ Tennis ___ Student (ages 13-22 with ID) ___

Membership Category: Individual ___ Couple ___ Family ___ Senior Individual ___ Senior Couple ___

Must list all dependents below, regardless of age. No additional members may be added after membership is purchased. Family Memberships consist of two adults and two dependents residing in the same household. Add \$35.00 for each additional household dependent over 3 years old.

Additional family member's name:	Dates of Birth:	Age:
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____ +\$35
6. _____	_____	_____ +\$35

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 me 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 **9/5/2022** Staff Initials _____

Credit Card # (Visa, MC, Dis) _____ Exp date _____ 3 digit security code _____