Membership Application

Fitness. Family. Community.

Date

◯ Bank Draft ◯ Paid In Full (PIF)

First Name | Last Name

Street Address | City | State | Zip

Email

Primary Phone | Employer | Gender | Date Of Birth

Parent/Guardian (if Member is under 18) | Emergency Contact Name

Relationship To Member | Phone

Additional Family Members ***(Complete for Family/Couples Membership Only)***

Spouse/2nd Adult's Name | Date Of Birth | Gender | Phone

Email

Child's Name | Date Of Birth | Gender

Child's Name | Date Of Birth | Gender

Child's Name | Date Of Birth | Gender

Child's Name | Date Of Birth | Gender

Child's Name | Date Of Birth | Gender

Membership Category ***(Monthly Draft/Paid In Full)***

◯ Adult	$69.00/$828.00	◯ Family 2 Adult	$119.00/$1428.00	◯ Senior Couple	$75.25/$903.00
◯ Adult Couple	$102.75/$1233.00	◯ High School	$28.00/$336.00	◯ Young Adult	$39.00/$468.00
◯ Family 1 Adult	$92.25/$1107.00	◯ Senior	$50.00/$600.00	◯ Youth	$9.75/$117.00

Payment Information ***(Complete for Monthly Draft or Paid In Full)***

For Internal Use Only
◯ Payment Type Entered Into Profile ◯ Card Scanned Into Profile

◯ Check

Credit Card
◯ Visa ◯ Mastercard ◯ AMEX ◯ Discover

Credit Card Number

Expiration Date

Bank Draft
◯ Savings ◯ Checking

Bank Name

Account Number

Routing Number

I authorize the Whitin Community Center to collect payment from the above information.

Signature | Date

Membership Payment Authorization & Agreement

The bank draft is a continuous membership plan. It is understood that my (our) membership will remain in effect permanently or until I (we) initiate its termination. If renting a locker, fees must be included in bank draft. The processing of my bank draft or credit card charged by the WCC constitutes valid notice that payment is due on my membership. When the institution honors the draft by charging my account, notation on my bank or credit card statement shall constitute my receipt for the payment. The monthly draft will be withdrawn on the 5th, 15th or 25th of each month depending on when member was initiated.

- I (we) understand that if I (we) wish to terminate my (our) membership, the request must be submitted in writing 5 days prior to my draft date. Requests made outside of the range will be processed the next month. Facility privileges remain intact through the time you have paid. Any termination prior to 12 months consecutive membership will require a termination fee equal to 2 months.
- I (we) understand that it is my (our) responsibility to inform the WCC regarding any changes to my (our) address of bank information. Should any membership draft be returned or refused by my (our) financial institution for any reason, I (we) understand that the WCC will automatically resubmit the returned draft for payment, as well as a service charge, at its earliest convenience. If the draft is not honored on the re-submission, the amount of the draft, as well as the service charges, will be immediately due and payable to the WCC. This is in addition to any service fee charged by my (our) financial institution. If I (we) fail to make restitution, the WCC reserves the right to not offer the draft payment option to me (us) and that the membership will be terminated immediately. I (we) also understand that the membership will not be renewed until any outstanding balance is paid in full.
- I (we) understand that it is my (our) responsibility to regularly review my (our) monthly bank statements to check for accuracy of my (our) membership draft payment.
- I (we) understand that if I (we) change bank accounts, upgrade or downgrade the membership, a new draft authorization form must be completed by me (us) before any change is to become effective.

_____ _____

Initial Date

The WCC Board of Directors may, at their discretion, adjust the monthly rate applicable to my (our) membership. I (we) understand that I (we) will receive at least a thirty day written notice prior to any such change, and that is it my (our) responsibility to inform the WCC of any mailing address change.

Participant Waiver, Release, Indemnification of All Claims & Covenant Not To Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in George Marston Whitin Memorial Community Association, Inc. ("WCC") Activities and Programs, now or at any time in the future.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in WCC activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with wellness program or exercise participation, including but in no way limited to: (1) slips, trips, and falls; (2) aquatic injuries; (3) athletic injuries; and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with WCC activities and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in WCC programs or accessing WCC facilities could increase the risk of contracting COVID-19.** WCC in no way warrants that COVID-19 infection will not occur through participation in WCC programs of accessing WCC facilities.

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Initial

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in WCC activities or programs, I, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE WCC, any and all of its current or former officers, directors, employees, volunteers, agents, representatives and insurers (the "Released Parties") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against WCC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of WCC facilities/equipment or participation in WCC programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of the Released Parties.

In consideration of my participation in WCC activities and my entry upon WCC premises, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS the Released Parties from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation in WCC activities or my entry upon WCC premises.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in WCC activities and program participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in WCC activities and that by signing this agreement I HEREBY RELEASE the Released Parties from all liability for such loss, damage, or death. I certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in activities at the WCC.

_____
Initial

I hereby certify that my date of birth on file is correct, and that I am therefore of lawful age and otherwise legally competent to sign this agreement. I understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed this _____ day of _____, 2021.

_____ _____

Signature of Participant or Parent/Guardian
(Must be signed by parent/guardian if participant is under 18 years of age)

Participant Name (Print Clearly)