

MEMBERSHIP FORM

- New Member (Fill in Sections 1, 2 & 3)
- Renewing Member (Fill in Sections 1 & 3)
- Guest of Member Sunflower B&B Guest

WALLACE COUNTY REC CENTER

115 E. 3rd, Sharon Springs, KS 67758

wacorecreation@gmail.com

www.wallacecountyrec.com

1. MEMBERSHIP DETAILS

Membership Start Date: ___ / ___ / ___ Expiration Date: ___ / ___ / ___

Title: Mr / Mrs / Ms / Miss

First Name: _____

Last Name: _____

Membership Category:

- Single
- Senior Single (65+)
- Senior Couple (only 1 has to be 65+)
- Couple
- Family # _____
(Family – couple + household member over age 14)

Membership Fee:

\$25.00 month/ \$125.00 6 months/ \$225 year
\$20.00 month/ \$100.00 6 months/ \$180.00 year
\$40.00 month/ \$200.00 6 months/ \$360.00 year
\$45.00 month/ \$225.00 6 months/ \$405.00 year
\$15.00 per additional family member per month

Membership Term:

- Month to month 6 months (pay for 5 months, 1 month free)
- Yearly (Pay for 9 months, 3 months free)
- Guest of Member (1 week - \$10.00)

2. MEMBER DETAILS (Renewing members complete if details have changed)

Sex: Male Female D.O.B. ___ / ___ / ___ Age: _____ Years

Postal Address: _____

Phone #: _____ cell home

Email: _____ Do you consent to receive information from WCRC via email? Yes No

Emergency Contact Name & Number: _____

3. MEMBERS DECLARATION & PAYMENT DETAILS

Before signing this document, I have read, understand and hereby agree to the terms and conditions of membership as defined on the back of this membership form and know that it affects my legal rights. If this is a family membership, I agree to assume personal responsibility for the use of this facility by my family members listed below. **I understand that I may not bring unregistered guests with me into this facility.** (Guest memberships may be available upon request on a case by case basis by calling 785-852-1032.)

Signature: _____ Date: ___ / ___ / ___

▼ Clearly list additional name(s) & information for family members on Couple / Family Membership:

1. _____ D.O.B. ___ / ___ / ___ M F Email: _____

2. _____ D.O.B. ___ / ___ / ___ M F Email: _____

3. _____ D.O.B. ___ / ___ / ___ M F Email: _____

4. _____ D.O.B. ___ / ___ / ___ M F Email: _____

OFFICE USE ONLY:

Membership#: _____ Date: ___ / ___ / ___ Payment Type:
 Check # _____ \$ _____
 Cash \$ _____
 Online Invoice \$ _____
 Gift Certificate # _____ \$ _____

Staff Initials: _____ Total Fees Received \$ _____

4. MEMBERSHIP TERMS & CONDITIONS

Acknowledgment of Risks, Injury & Obligations

I acknowledge that the activity I am to undertake may be a dangerous activity and that by participating in it I am exposed to certain risks. I acknowledge and understand that while participating in such activity:

- I may be injured, physically or mentally, or may die;
- My personal property may be lost or damaged;
- Other persons participating in such activity may cause me injury or may damage my property;
- I may cause injury to other persons or damage their property;
- The condition in which the activity is conducted may vary without warning;
- I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of Wallace County Rec Center;
- There may be no or inadequate facilities for treatment or transport of me if I am injured;
- I assume the risk of and responsibility for any injury, death or property damage or loss resulting from participating in the activity.

Release and Indemnity

I participate in the activity at my sole risk and responsibility. I release, indemnify and hold harmless Wallace County, Wallace County Rec Center, its servants and agents, Board of Directors, Officers and members, and Sunflower Bed and Breakfast from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever.

Administration

No one under the age of fourteen years (14) will be permitted to enter Wallace County Rec Center, unless participating in a scheduled class (such as dance) in the fitness class room and is being supervised by the instructor. Members age fourteen and fifteen must be with a parent or legal guardian while using the fitness center. Members are responsible for their access fob and/or card. Shared access with a non-member will result in forfeiture of membership effective immediately. Memberships are not refundable or transferable.

Appropriate covered footwear and a shirt must be worn at all times while in the fitness center.

Each member must respect other members and behave in an appropriate manner at all times.

Wallace County Recreation Department reserves the right to rescind the rights of members not complying with the terms and conditions of the membership, reserves the right to refuse membership to any applicant, and to change any of these rules and policies at any time.

This facility is unattended. Members agree to clean up after themselves, wipe down equipment after use, and make sure lights, TVS, fans and equipment are turned off. All weights and equipment must be put back after use.

Members are asked to report any damage to the facility or equipment, or anything that needs attention to the appropriate posted contact immediately. Smoking and alcohol are prohibited on the entire property of the Wallace County Rec Center.

Term of Membership

Term memberships are monthly, 6 months, or yearly, and have a start and end date. If your membership is not paid in full, when due, your PIN number will be disabled and you will not be able to enter with your PIN until the amount due is paid in full. Membership is for full months only. There will be no prorating or partial month credit. There are no refunds of unused time.

Acknowledgement: I, the undersigned, agree that I will be responsible for me and my immediate family and for any damages to the facilities and equipment and will be responsible for the payment of all fees and charges incurred through this agreement. I acknowledge that I have read and understand this agreement and agree to abide by the terms listed therein.

▼ **Adult members must sign here & date:**

Signature: _____ Date: ___ / ___ / ___

Signature: _____ Date: ___ / ___ / ___ WCRC, Inc Staff Initials: _____