

MEMBERSHIP APPLICATION

Primary 1: First _____ Last _____ MI _____ Gender _____ DOB ____/____/____

Home _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____ Email _____

Primary 2: First _____ Last _____ MI _____ Gender _____ DOB ____/____/____

Home _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____ Email _____

Address _____ City _____ Zip _____

Dependents 1: First _____ Last _____ MI _____ Gender _____ DOB ____/____/____

Dependents 2: First _____ Last _____ MI _____ Gender _____ DOB ____/____/____

Dependents 3: First _____ Last _____ MI _____ Gender _____ DOB ____/____/____

Dependents 4: First _____ Last _____ MI _____ Gender _____ DOB ____/____/____

Membership Packages

TYPE

- Adult (ages 19-61)
- Youth (ages 8-18)
- College (current full-time student)
- Senior (62 +)
- Family (Married + 2 children)
- Senior Couple (Married 62 +)
- Couple
- 6 Month Pass

ANNUAL + TAX = TOTAL

- \$556 + \$38.92 = \$594.92
- \$279 + \$19.53 = \$298.53
- \$347 + \$24.29 = \$371.29
- \$279 + \$19.53 = \$298.53
- \$835 + \$58.45 = \$893.45
- \$520 + \$36.40 = \$556.40
- \$756 + \$52.92 = \$808.92
- \$300 + \$21.00 = \$321.00

Continuous + TAX = TOTAL

- \$47 + \$3.29 = \$50.29/month
- \$25 + \$1.75 = \$26.75/month
- \$30 + \$2.10 = \$32.10/month
- \$25 + \$1.75 = \$26.75/month
- \$71 + \$4.97 = \$75.97/month
- \$45 + \$3.15 = \$48.15/month
- \$65 + \$4.55 = \$69.55/month

* Families with more than 4, will incur an additional \$5 charge per individual each month; up to a maximum of \$20 per family.
 *Children under the age of 12, MUST be in the facility with a parent/guardian over the age of 18.

Membership Add-Ons

TYPE

- One Club Locker (ages 19 +)
- Two Club Lockers
- Childcare Pass (per family)

ANNUAL + TAX = TOTAL

- \$300 + \$21.00 = \$321.00
- \$540 + \$37.80 = \$577.80
- \$180 + \$12.60 = \$192.60

Continuous + TAX = TOTAL

- \$25 + \$1.75 = \$26.75/month
- \$45 + \$3.15 = \$48.15/month
- \$15 + \$1.05 = \$16.05/month

Discounts

Corporate Member: Organization Name _____ 10% 15%

Key Card Member: Expiration Date _____ 25% Discount not applied to Continuous or Add-Ons

*Key cards may only be utilized for Continuous Family memberships or all Annual memberships

TERMS OF MEMBERSHIP: I understand that I am required to be a member for at least 3 months. I also understand that cancellation of this membership is required 30 days prior to the next month's draft, and to cancel, I must fill out a termination form. I also agree to notify the SportsPlex of any change in bank information or employment that would affect my payment procedure. Lastly, the Cedar Valley SportsPlex reserves the right to increase membership fees. A 30 day notice will be given prior to any rate increase.

By signing this application, I indicate that I have read both sides of this document and fully agree to the terms and conditions.

Membership Signature _____ Date _____ Sales Counselor _____



City of Waterloo SportsPlex
WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

I am fully aware of dangers and risks involved in participating in every activity at the City of Waterloo SportsPlex facility (the "SportsPlex"), including but not limited to group exercise classes, weight-lifting, cardiovascular equipment exercises, volleyball, soccer, basketball, wrestling, climbing, running, walking and observation of activities (collectively, the Activities), and in using the SportsPlex premises and equipment for these and other purposes. Those dangers and risks include, but are not limited to, such things as equipment malfunction or failure, inappropriate or unexpected actions of other participants, muscle or joint tears, sprains, strains, broken or fractured bones, concussion and other severe or fatal injuries related to the Activities. With knowledge of these dangers and risks, I make the promises and agreements stated below.

Waiver: In consideration of permission to use the property, facilities, equipment, staff and services of the SportsPlex, I hereby, release, waive, discharge, and covenant not to sue Waterloo Development Corporation, the City of Waterloo, Iowa, their officials, directors, officers, employees, volunteers and agents, from any and all claims, demands, actions, costs, expenses, and liabilities of any type or nature whatsoever, including but not limited to reasonable attorney's fees and expenses, arising out of or in any way connected with the Activities or my use of the SportsPlex premises or equipment resulting in, but not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, death, economic loss or property damage sustained by myself or others.

Assumption of Risks: The specific risks from the Activities vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises and sprains, (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions, and (3) catastrophic injuries including paralysis and death. Risks also include damage to or loss of personal property. With full knowledge of the risks that are inherent in the Activities and my use of the SportsPlex premises and equipment, I hereby state that my participation in the Activities is voluntary and that I knowingly assume all such risks.

Indemnity: I further agree to indemnify and hold harmless Waterloo Development Corporation, the City of Waterloo, Iowa, their officials, directors, officers, employees, volunteers and agents, from and against any and all claims, demands, actions, costs, expenses, and liabilities of any type or nature whatsoever, including but not limited to reasonable attorney's fees and expenses, arising out of or in any way connected with the Activities, my use of the SportsPlex premises or equipment, or otherwise.

Status to Participate: I certify that I am physically and mentally able to participate in any Activity in which I choose to participate. I understand that if I am uncertain about my ability to participate in any Activity, it is my responsibility to consult my personal physician before doing so. In the case of a medical emergency that occurs during my participation in an Activity, employees or agents of the City of Waterloo may take actions to obtain or administer whatever treatment regarding my health and safety is considered to be warranted under the circumstances, although they are not obligated to take any such action. Such actions taken do not create a special relationship between the City of Waterloo and me. I agree to be solely responsible for any costs related to treatment.

Scope: I understand and agree that the terms of this Agreement, including but not limited to the waivers, assumptions of risks and indemnities set forth above, are intended to be as broad and inclusive as permitted by Iowa law. If any portion of this Agreement is held invalid, I agree that the remaining provisions shall continue to be in full legal force and effect. I agree that this Agreement is and will be binding on me and my heirs, assigns and personal representatives.

Photo Policy: Cedar Valley SportsPlex may video tape or take photographs of members participating in activities, classes, or programs. These photographs and/or video tapes are for use in future SportsPlex magazines, brochures, promotional literature, websites, or for use on cable television. If members would like to opt out of photographs or videos, they must do so in writing.

ACKNOWLEDGMENT OF UNDERSTANDING: I have read this Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Agreement freely and voluntarily, and I intend by my signature to completely and unconditionally release all liability to the maximum extent allowed by law. **If I am not yet 18 years old, my parent or guardian has read this Agreement and signed below on behalf of both of us.**

Participant Name (printed): _____ Age: _____

Signature: _____ Date: _____

If person is a minor:

Parent/Guardian Name (printed): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Signature of Parent/Guardian: _____