

Wright Family Center Membership Application and Agreement

Member Name: _____

Spouse/Partner: _____

*Family Memberships and Senior Couple

Address _____

Phone Number _____

Email address _____

Emergency Contact Information:

Name	Phone Number	Relationship
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Circle one: In Village In School District Out of school district

(If you do not know if you are in village or school district limits, we can look it up for you.)

Membership Type:

____ Individual membership ____ Family membership

____ Senior (65+) ____ Senior Couple

Payment: ____ Monthly ____ Yearly

Family or Senior Couple memberships only:

Register all members of your family who will be under your membership. Families consist of the individual, spouse, and their unmarried children 17 years and younger residing at the same address, unmarried children through age 23 who are full-time students, and unmarried children who are permanently disabled. This will be referenced if they sign up for a youth sport. Family relatives (i.e., cousins, aunts, grandparents, etc.), cannot be on a family membership. Proof of residency and/or a full-time student i.d. is required for all family memberships.

Name	Relationship	Date of Birth	Male/Female	Cell phone Yes	No
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Name	Relationship	Date of Birth	Male/Female	Cell phone Yes	No
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Name	Relationship	Date of Birth	Male/Female	Cell phone Yes	No
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Name	Relationship	Date of Birth	Male/Female	Cell phone Yes	No
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Name	Relationship	Date of Birth	Male/Female	Cell phone Yes	No
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Office use only

Credit card used? ____ Yes ____ No Check # _____ Date received _____

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Membership Cancellation Policy: A membership cancellation form must be filled out and submitted at the front desk. Written request for cancellation received before or by the 5th of the current month will have their final billing during that month. Cancellations received after the 5th of the current month will be responsible for the next month's membership dues as well as the current month. Membership cancellations cannot be made over the phone. Annual memberships are continuous membership and require 30 days' notice prior to the desired termination date. No refunds will be given for any portion of cancelled memberships.

Warning of Risk; Waiver and Release of All Claims and Assumption of Risk Agreement:

Please read this form carefully and be aware that in signing up for a membership to Wright Family Center, utilizing the equipment, studio, gymnasium, and other facilities of Wright Family Center, and/or participating in any program/activity at or through the Wright Family Center, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you, your spouse, and/or your children might sustain as a result of participating in any and all activities connected with and associated with a membership to Wright Family Center, utilizing the equipment, studio, gymnasium, and other facilities of Wright Family Center, and/or participating in any program/activity at or through the Wright Family Center.

I recognize and acknowledge that there are certain inherent risks of physical injury associated with utilizing the fitness equipment, gymnasium, studio, and facilities in the Wright Family Center, and while engaging in all programs and activities relating thereto. Accordingly, as consideration for being allowed to have a membership with Wright Family Center, being allowed to use the equipment and facilities of the Wright Family Center, and being allowed to participate in programs and activities at or through the Wright Family Center, I agree to the following:

I acknowledge and fully understand that I, and/or my children, will be engaging in activities that involve risk or serious injury, which may include permanent disability and even death, and severe social and economic losses which might result not only from my or my children's actions, but also from the action, inaction or negligence of others, the rules of play, or the condition of the premises, or any equipment used, and further that there may be risks not known or not reasonably foreseeable to me or my children. I affirm that I and my children are in good physical condition and do not suffer from any disability or condition that would prevent or limit my or my children's use of the facilities or participation in sports or training activities. I expressly assume all risks of injury to myself and my children, including death, which may occur in use of the facilities or participation in program/activities at or through the Wright Family Center including, but not limited to, any sports or training activities. I expressly assume all risks of injury, including death, which may occur in connection with my or my children's participation in programs or activities at the Wright Family Center. I agree to assume all foregoing risks and accept full responsibility for my own and my children's damages following such injury, permanent disability, or death. I release, waive, discharge and agree not to sue the Wright Family Center, its owner and management company and all their respective agents, affiliates, associates, officers, directors, and employees (Collectively "Releases") from all demands, losses, or damages on account of any bodily injury, death or property damage caused or alleged to be caused in whole or in part by release or any other party's actions, inactions, or otherwise. I also agree to indemnify release from any and all third party claims caused in whole or in part by my actions and/or my children's actions. I consent to emergency medical care and transportation in order to obtain treatment in the event of injury to me and/or my children as Wright Family Center may deem appropriate. This release extends to any liability arising out of or in any way connected with medical treatment and transportation provided in the event of an emergency. I expressly agree that the terms of release and indemnity contained herein are intended to be as broad and inclusive as is permitted by the laws of the State of Illinois. If any provision of this Waiver and Release of All Claims and Assumption of Risk Agreement is determined to be invalid, illegal or unenforceable in any respect as written, such provision shall be automatically modified to the minimum extent necessary to make it enforceable and the provision as so modified shall be enforced, without invalidating the Agreement as a whole. I have read and understand the above Waiver and Release of All Claims and Assumption of Risk Agreement and acknowledge that by signing below, I have given up substantial rights.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering for activities or programs via fax or online through the internet, my facsimile or electronic signature shall be substituted for and have the same legal effect as an original form signature.

Acknowledgements: I have read and received copies of this Membership Application and Agreement, as well as the Fitness Center Rules and Gymnasium Rules. I further acknowledge that this membership may be terminated or revoked by Wright Family Center, at its sole discretion, at any time.

Signature of Adult/Parent/Guardian 18 years old or older

Date

Signature of Adult/Parent/Guardian 18 years old or older

Date

DIRECT PAYMENT VIA ACH AUTHORIZATION

I authorize Wright Family Center-Village of Dieterich, hereinafter called "Company," to initiate debit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law.

Account Details

Financial Institution Name: _____
City: _____ State: _____ Zip: _____
Routing Number: _____ Account Number: _____ Type of Acct: Checking Savings

Payment Details

Fixed Payment

Dollar Amount: \$: _____

Frequency: Daily Weekly Monthly Per Statement Due Date

Variable Payment

Amount shown due on Invoice or Statement

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on the request.

Print Individual Name: _____ Signature: _____

Individual ID Number, if applicable: _____ Date: _____

If checked, attach a copy of a voided check or proof of account ownership to this form

