



<b>OFFICE USE ONLY</b> - Staff Initials: _____
Type of Membership: Annual _____ 3 Month _____
1 Month _____ Punch _____
First Name: _____
Last Name: _____
Phone: _____

## MEMBERSHIP WAIVER

Initial on each line to show that you have read and understand each statement.

### MEMBERSHIPS

- \_\_\_ I/we understand and are in agreement with all rules and regulations established within the facility.
- \_\_\_ I/we understand that my membership key tags are required for all visits to the WRCC.
- \_\_\_ I/we understand that reproduction of lost membership key tags will result in a \$5 fee.
- \_\_\_ I/we understand that there is a mandatory \$25 cancellation fee when a membership is terminated.
- \_\_\_ I/we understand that my/our participation in the use of the community center requires that I/we be responsible for my/our own health, safety, and valuables.
- \_\_\_ I/we understand that it is my/our responsibility to obtain physical examination(s) prior to the use of WRCC equipment and programs; Dickinson Parks and Recreation is not responsible for injuries.
- \_\_\_ I/we understand that the Dickinson Parks and Recreation Board of Park Commissioners may, at their discretion, adjust the fee structure.
- \_\_\_ I/we understand that the Dickinson Parks and Recreation has the right to refuse service or terminate use to anyone not adhering to the following actions but not limited to: Abusive language, use of alcohol/drugs, damage of property, or harassment to employees and users.

### CORPORATE DISCOUNTS-ANNUAL MEMBERSHIPS

- \_\_\_ I understand that corporate discounts can only be applied by DPRD office staff during regular hours of operation.
- \_\_\_ I understand that I will not receive a corporate discount until proof of employment is provided to the DPRD office. Proof of employment may be verified using a paystub dated within the last 30 days.
- \_\_\_ I understand that there will be a 5 day administrative period for the discount to be applied on my account.
- \_\_\_ I understand that the DPRD office reserves the right to remove my discount from any future bills should I separate employment with my company.

### PAYMENT PLANS-ANNUAL MEMBERSHIPS

- \_\_\_ I hereby authorize the financial institution or company named to deduct membership payments automatically each month. This authority will remain in effect until I notify you in writing to cancel.
- \_\_\_ I understand that if I wish to terminate my membership I have to do so within 7 business days before end of month. If I/we fail to cancel in writing by this date I/we will be liable for the month's payment.
- \_\_\_ I understand all withdrawals will be on the 1<sup>st</sup> business day of each month.
- \_\_\_ I understand that if my bank or employer for any reason will not honor my membership payment, I am still responsible for that payment. If failure to make payment, membership will be suspended or terminated.
- \_\_\_ I understand that the payment plan is a continuous monthly agreement and will renew annually unless I cancel in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_