



OFFICE USE ONLY- 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 if the membership is terminated within the first year of purchase.
- _____ 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.
- _____ I/we understand that the West River Community Center closes for one week in August each year to take care of cleaning and maintenance projects that cannot be done while the building is open. Please watch for date to be announced each year.

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 next month's payment.
- _____ I understand all withdrawals will be on the 1st 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; I will be charged monthly regardless of usage and membership will renew annually unless I cancel in writing.

Signature _____ Date _____