

# River Cities

## Community Pool Association

Marinette, WI 54143 ■ [riverscitiespool@new.rr.com](mailto:riverscitiespool@new.rr.com) ■ [www.riverscitiespool.org](http://www.riverscitiespool.org) ■ 715-735-0585

### MEMBERSHIP ENROLLMENT FORM

Name:		Date:
Date of birth:	Phone:	
Current address:		
City:	State:	ZIP Code:
Email address:		
Spouse:		DOB:
Child:		DOB:
Child:		DOB:
Child:		DOB:
Child		DOB:
<b>Employer/School information</b>		
Current employer:		
Employer address:		How long?
Phone:		
City:	State:	ZIP Code:
<b>To be completed by Staff</b>		
Join Date:		
Renewal Date:		
Type of Membership (Circle)	Adult	Family
College	Youth	Couple
Payment date:		

**WAIVER OF RIGHT TO PRIVACY AND AUTHORIZATION FOR USE OF NAME, PORTRAIT AND/OR LIKENESS FOR PUBLICATION AND/OR ADVERTISING PURPOSES**

PARTICIPANT hereby further authorizes the use, for advertising or for other like purposes, of the name, portrait or picture of PARTICIPANT

Waiver of Liability and Covenant not to sue:

I hereby waive, release and forever discharge the River Cities Community Pool Association (RCCPA) and its officers, directors, employees, and all others from any and all responsibility and liability for injuries or damages to myself or my property resulting from my participation in any activities or my use of the equipment at the RCCPA. Furthermore, I make the same waiver and release of responsibilities and liability for any injuries or damages to my family members listed on this membership or their property. I understand the RCCPA is not responsible for the loss or theft of any of my personal property, or that of my family members, while any of us are participating in any RCCPA programs or activities. I assume all risk associated with the use of the facilities and equipment at the RCCPA and do further covenant and agree not to sue the RCCPA, its officers, employees and all others. This covenant not to sue shall be binding upon me, my family members listed on this membership, my heirs, successors and assigns. I recognize that, if I have elected the BANK DRAFT payment plan, my membership is continuous until I terminate it. Written notice for bank draft option must be received by the 1<sup>st</sup> of each month. I acknowledge that I will not receive any renewal notice. If I elect to pay in full, refund of any terminated membership before expiration date will require Board of Directors approval.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_