



AQUATIC CENTER MEMBERSHIP AGREEMENT

By signing below you agree to purchase a membership at Orange City Area Health System Aquatic Center (OCAHS Aquatic) on the terms and conditions described in this Agreement, including the terms of the Cancellation and Refund policy. You agree to make the payments shown in the Agreement and to abide by the Rules and Regulations of the OCAHS Aquatic as set forth below and as they may be from time to time amended, in our sole discretion. As part of this Agreement, you are providing OCAHS Aquatic with a release and waiver on this same form.

Form fields for Last Name, First, M.I., Home Phone, Current mailing address, City, State, Zip, E-mail address, and Date of Birth.

Contact name in case of emergency, Relationship, Phone

Password for online pool reservations:

Membership Type Purchased: Total Paid (10% off for Seniors)

Table with 4 columns: Membership Type, 1 Month, 3 Months, 1 Year. Rows include Single, Couple, and Family.

If membership type other than single, list other(s) to be included:

Form fields for Name, Relationship, and DOB for additional members.

Your payment options are:

Payment options: Cash, Personal Check, Initial:

(OCAHS Only: Your membership begins on / / and expires on / /)

Acknowledgement & Release:

I, understand that use of OCAHS Aquatic facility and its equipment is at my own risk. I acknowledge that I will only use equipment on which I have received training or instruction as to proper use.

I agree to release Orange City Area Health System, its directors, officers, employees, and agents from any and all claims that I may have for injuries arising out of my use of the aquatic center, including any and all equipment therein.

I further acknowledge that the above statements regarding assumption of risk were read by me and that I understand them. I hereby agree to the above terms and conditions. Initial:

Refund & Resignation Policy:

OCAHS Aquatic membership refund & resignation policy is as follows: Membership refunds and resignations require a 30-day notice. Refunds and resignations are only given if you move out of our service area or have a doctor's excuse why you cannot use your membership.

Signature and Date fields for member and staff.

These forms MUST be returned to OCAHS before attending orientation