



Orange City Area
Health System

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.**

Last Name	First	M.I.	Home Phone
Current mailing address		City	State
		Zip	
E-mail address		Are you 18 years of age or older? Y N	
		Date of Birth	
Contact name in case of emergency		Relationship	Phone

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

	1 Month	3 Months	1 Year
Single	\$15	\$35	\$99
Couple	\$20	\$45	\$159
Family	\$25	\$55	\$199

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

Name	Relationship	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your payment options are:

☐ 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 assume full responsibility for any and all injuries arising out of my use of the OCAHS Aquatic facility, including any and all equipment therein.

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 hereby acknowledge the membership agreement set forth by OCAHS Aquatic is a privilege and that the membership may be revoked at any time if misused.

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. Refunds will be given to 12-month memberships with your fees prorated after 3 months. Medical resignations will be prorated for actual length of membership used. Initial: _____

Signature _____ Date _____

Staff _____ Date _____

****These forms MUST be returned to
OCAHS before attending orientation****