

Greater Plymouth Community Center
2910 Jolly Road
Plymouth Meeting, PA 19462

Web Address: www.PlymouthCommunityCenter.org
Telephone: (610) 277-4312
Fax: (610) 277-4314

GPCC MEMBERSHIP CONTRACT

DATE OF APPLICATION: _____

	<u>NAME</u>	<u>BIRTH DATE</u>	<u>CELL PHONE #</u>
PRIMARY PASSHOLDER	_____	_____	_____

Age Categories: Adults 18-61 years / Seniors 62 years & older/ Youths 3-17 years

When an adult or senior and youth are on the same pass the adult or senior must be the first pass holder.

ADDITIONAL PASS HOLDERS

Additional Pass #1	_____	_____	_____
Additional Pass #2	_____	_____	_____
Additional Pass #3	_____	_____	_____
Additional Pass #4	_____	_____	_____
Additional Pass #5	_____	_____	_____
Additional Pass #6	_____	_____	_____

HOUSEHOLD INFORMATION

Street Address: _____

(City)

(State)

(Zip)

E-Mail Address: _____

EMERGENCY CONTACT

Name: _____ Phone #: _____

AGREEMENT AND RELEASE OF LIABILITY

Please indicate that you understand the following limitations on the purchased pass by signing below:

- Annual passes expire one year from the purchase date.
- 1 Month passes expire 1 month from the purchase date.
- College passes expire 3 months from the purchase date.
- This pass is non-refundable and non-transferable
- This pass cannot be frozen/extended for any reason.
- No credit will be issued for any unused portion of this pass.
- Upgrades or credits from a 1-month towards annual passes **are permitted if requested prior to the expiration date.**
- Any pass which is renewed by a pass holder is subject to the same terms and conditions as the original Pass. Any changes to the original pass terms require the completion of a new contract.

I understand the above limitations and I wish to purchase a pass. Also, I have read the Agreement and Release of Liability on the back of this application and agree to its terms and conditions. I understand that there will be **no refunds given for passes.** By signing I am acknowledging that all individuals above live at the address listed.

Signature of Applicant

Printed Name of Applicant

Signature of Applicant

Printed Name of Applicant

STAFF USE ONLY

Fee Required: \$ _____

Effective Date of Pass/Renewal: _____

Payment: _____

Pass Expires: _____

Check #

EFT

Annual 1-Month SSA S&F Corporate Renew Active Water Aerobics College

Received By: _____

AGREEMENT AND RELEASE OF LIABILITY

Thank you for choosing to use the facilities, programs and/or services of the Greater Plymouth Community Center. Please read and sign the following Agreement and Release of Liability.

I, the undersigned, on behalf of myself and/or as the parent or legal guardian of the children set forth in this application do hereby declare that I/we intend to use some or all of the activities, facilities, programs and services offered by the Greater Plymouth Community Center. I understand that each person listed in this application has a different capacity for participating in such activities, facilities, programs and services. I am aware that all activities, facilities, programs and services offered are educational, recreational, social, physical or self-directed in nature. I assume full responsibility, during and after my/our participation, for my/our choices to use or apply, at my/our own risk, any activity, facility, program or service offered by the Greater Plymouth Community Center. I understand that my/our choice to utilize the facilities and participate in any activity, service or program and the fitness, health, awareness, care and skill that I/we possess and use, brings with it my/our assumption of those risks or results stemming from these choices. I certify that I, and/or the children listed in this application, are in good health and are able to use the facilities and participate in its activities, programs and services. I understand that no health and/or accident insurance is provided for myself and/or the children by Plymouth Township, and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

In consideration for the acceptance by Plymouth Township of this application for a 1-month or annual pass and for being allowed to use the facilities of and participate in the activities, programs, and services of the Greater Plymouth Community Center, I, the undersigned on behalf of myself and as the parent or legal guardian of the children listed in this application, as well as for our heirs, executors, administrators and assigns forever release and discharge Plymouth Township and its appointed and elected officials, employees, agents and other representatives and their heirs, executors, administrators, successors and assigns, from any and all claims, causes of action, suits, deaths and/or damages arising from any and all personal injuries and/or property damages sustained by myself and/or by the children listed in this application as the result of my/our using the facilities and participating in the activities, programs and services offered by the Greater Plymouth Community Center. Furthermore, I, the undersigned, for myself and for the children listed in this application, do hereby agree to indemnify, hold harmless and defend Plymouth Township and its appointed and elected officials, officers, employees, agents and other representatives, their heirs, executors, administrators, successors and assigns from an and all personal injuries and property damages sustained by others by reason of my conduct or the conduct of the children set forth in this application in connection with the use of the facilities and the participation in the activities, programs and services offered by the Greater Plymouth Community Center, including court costs and attorneys fees.

I am aware that using the facilities and participating in the activities, programs and services offered by the Greater Plymouth Community Center will involve my/our participation with other persons using the facilities and may involve many risks of injury. I recognize the importance of following the rules and regulations of the Greater Plymouth Community Center and the instructions given by its employees in any activity in which I/we participate. Therefore, I/we agree to comply with all rules, regulations and instructions in connection with the use of the facilities and the activities, programs and services offered by the Greater Plymouth Community Center. I agree that Plymouth Township shall have the right at its discretion to enforce such rules, regulations and instructions and/or terminate my participation or the participation of the children listed on this application for failure to comply with such rules, regulations and instructions, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of other persons using the facilities and/or participating in the activities, programs or services of the Greater Plymouth Community Center.

I hereby grant Plymouth Township, its appointed and elected officials, employees, agents and other representatives full authority to take whatever action they consider to be warranted regarding my health and safety and the health and safety of the children listed on this application. Likewise, I grant the right to use my/our name, image, photograph and video, including composite or modification representations in publications, brochures, newsletters, reports, websites, videos, social media and any and all other material relating to Greater Plymouth Community Center and all other Plymouth Township Parks and Recreational Facilities. I waive the right to inspect or approve versions of my/our image used for publication or the written copy that may be used in connection with the image. I fully release, indemnify and hold harmless Plymouth Township for any liability for actions taken on our behalf as well as for use of name or image as set forth herein.

The Township shall be excused from performance hereunder to the extent that such performance has been prevented by the consequences, direct or indirect, of labor troubles, fires, utility loss, accidents, war, terrorism, civil disobedience, and causes beyond the control of the township.

I understand that no refunds or freezes are granted on passes.

Date

Signature of Applicant

Date

Signature of Applicant