Sullivan Civic Center Membership Application

Name_____ Date _____

Address_____ Phone _____

City _____ Zip _____

For family membership, please fill out the following....

Name of Spouse_____
Name of Children:

1. _____ age _____ 2. _____ age _____

3. _____ age _____ 4. _____ age _____

Please circle the following:

Is this a new membership or a renewal? NEW RENEWAL

Is this membership for: 1 Month 3 Months 6 Months 1 Year

Do you reside within the city limits? YES (resident) or NO (nonresident)

Which type of membership is this? INDIVIDUAL STUDENT FAMILY

55 & OVER INDIVIDUAL 55 & OVER COUPLE YOUTH SWIM PASS

Person to contact in an emergency:

PROGRAM RELEASE FORM

Please read this form carefully and be aware that in signinig up and participating in offered progrms you will be waiving and releasing all claims for injuries you might sustain arising from a program.

"As a Health Club Member, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss which may sustain as a result of participating in a program. I agree to waive and relinquish all claims that I may have as a result of participating in the program, agains the Sullivan Civic Center, the City of Sullivan, and its officers, agents, servants, and employees. I do hereby fully release and discharge the Sullivan Civic Center, the City of Sullivan and it's officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I may have or which may acure to me because of participation in an offered program. I further agree to indemnify and hold harmless and defend the Sullivan Civic Center, the City of Sullivan and its officers, agents, servants, and employees from and all claims arising out of, connected with, or in any way associated with activity in an offered program. I have read and fully understand the above details and Waiver and Release all Claims.

I have read and understand the Health Club Membership Information Sheet, and I understand the regulations printed on such sheet. I also understand that the staff may enforce other regulations for my safety and the safety of others.

Signature _____Date _____