

Ongoing Membership Agreement

Primary Member Name: _____ Birth Date: _____

Parent/Guardian Name: _____

Home Address: _____

Mailing Address (if different than home): _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Name: _____ Emergency Contact #: _____

*Membership Plan: Firstenburg _____ Marshall _____ All Access Membership _____

**Type of Membership: Adult _____ Family _____ Senior 65+ _____ Youth _____ (Incl: FCC/MCC)

*A climbing wall waiver is required for All Access memberships and Firstenburg memberships. Visit the Firstenburg front desk to request a waiver or complete it online at www.cityofvancouver.us/sadris-summit-climbing-wall.

**To qualify for a Family Membership, all users must be living in the same household. Family Memberships are limited to a total of 6 people (2 adults and 4 children OR 1 adult and 5 children); children must be under the age of 19 and living in the household.

Memberships are effective indefinitely, provided payments are kept current and subject to terms and conditions.

This membership is non-transferable, and the primary membership holder is liable for the financial obligation of this agreement, regardless of whether I/We use the facility. Members will not be credited due to lack of use of the facility or unavailability of the facility due to any routine or scheduled maintenance of up to two weeks in duration, inclement weather, or if maximum occupancy of the facility has been reached.

Monthly payments and cancellation:

1. Members agree to pay the City of Vancouver a monthly fee for the duration of this agreement.
2. Payments will be processed on the second day of the month until written notice of cancellation is received.
3. Payment is automatically charged to the credit and/or debit card provided at signup. Changes to credit or debit card information must be done in-person at the customer service desk. Failed payment on the 2nd day of the month will result in cancellation of the membership until payment is made in full, at the customer service desk.
4. Members will be notified of any change in membership fees at least 30 days prior to the change taking effect.
5. **Cancellation Policy:** Cancellation forms must be completed and submitted in person or online by the 24th of the month to take effect in the next billing cycle. Failure to submit by the 24th of the month will delay cancellation by one month and result in the member being responsible for the next month's membership fees. To cancel online go to www.cityofvancouver.us/fcc. Click the *Memberships and Drop-In Fees* dropdown menu and select *Cancel Membership*. Fill out the form and click, *Submit*.
6. No refund or credit will be issued between the date of the request and the effective date.
7. Memberships may be suspended or canceled for violation of the posted rules and regulation for the Vancouver Parks, Recreation and Cultural Services.

Miscellaneous Fees: A \$5.00 fee will be charged for a replacement membership card, per person.

A Change in Status must be submitted in person by the 24th of the month.
 All changes commence on the day of the next billing cycle. NO REFUND OR CREDIT will be issued between the date of the request and the effective date.

Initials _____

By initialing this box, I agree to ALL terms and conditions of this membership agreement including the cancellation policy.

RELEASE – HOLD HARMLESS AGREEMENT

To be signed by the primary membership holder for all adult and youth members listed on the contract below.

In consideration of the City of Vancouver is allowing for my participation, I agree as follows:

1. I am of lawful age and legally competent to sign this Agreement.
2. I understand that the terms of this Agreement are contractual and not mere recitals.
3. I am of lawful age to sign for all additional members of the household on this contract.

For any **YOUTH MEMBERS** (under the age of 18), I also agree that I:

4. Am of lawful age and competent as the parent or legal guardian of the youth to sign this Agreement.
5. Am voluntarily allowing my child(ren) to participate in this program.
6. Recognize that there are certain risks and dangers inherent in participation in this type of activity.
7. Acknowledge that participation in this activity is desirable, but not essential in nature.
8. Understand the City of Vancouver cannot and does not guarantee or ensure the safety of my child(ren).

I understand the foregoing and therefore; on behalf of myself/spouse/partner and as parent/guardian of the child(ren) indicated below, hereby agree to release, save and hold harmless the City of Vancouver and their respective officials, administrators, employees, volunteers, and agents from any and all liability and claims for any damage or injury brought by me, my family, estate, heirs, or assigns arising out of my or my child(ren)'s enrollment or participation in this program except as may arise solely from the gross negligence of the City of Vancouver, or from the acts of third parties. I understand that by signing this Agreement, I am not waiving any rights or claims my child(ren) may have for damage or injury resulting from his/her/their participation in this program.

I have carefully read the Membership Agreement and Hold Harmless Release. My signature indicates that I/We voluntarily agree to all the terms and conditions on pages 1 and 2, and affirm all information provided is true and correct.

| Member Name/s (Printed) Including Primary Membership Holder | Signature If under 18, parent/guardian signature | Birth Date | Age | Gender Male/Female Non-binary/ Prefer not to answer | Request a Fitness Trainer Contact? |
|--|---|------------|-----|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Payment Authorization:

I/we hereby authorize the City of Vancouver, to initiate monthly credit card payments on the second day of the month. I/we understand and accept that in the event that payment(s) do not fully process, my/our membership will be revoked and access to the facilities will be denied. This includes credit card accounts that have been closed due to fraud, insufficient funds, changes in credit card number, expiration date, CVV number, etc.

Last four digits of credit/debit card: _____ **Expiration date on card:** _____

Name as it appears on card (please print): _____

Authorized Signature of card holder: _____

In case of an erroneous debit, provided I/we supply notice to DEPOSITORY within 60 days of receiving my/our account statement, the DEPOSITORY must investigate and resolve the error within 45 days, but if it has not done so within 10 days, my/our account will be credited for the amount in question while it finishes the investigation.