

# MEMBERSHIP FORM 2024



## BIDARKI RECREATION CENTER / BOB KORN MEMORIAL SWIMMING POOL

Each Member of the Public Facilities must have a current, completed and signed Membership Form on file, including Youth under the age of 18 and other dependents. Youth and dependents must have a parent or guardian fill out a completed Membership Form and agree to the Terms and Conditions on behalf of the Youth/dependent. Please SIGN on the next page.

### PRIMARY MEMBER (PERSON RESPONSIBLE FOR THE ACCOUNT) PRINT CLEARLY AND FILL OUT THIS FORM COMPLETELY

NAME									
GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	DATE OF BIRTH	<input type="text"/> M	<input type="text"/> M	<input type="text"/> D	<input type="text"/> D	<input type="text"/> Y	<input type="text"/> Y
POSTAL ADDRESS									
CITY / STATE					ZIP CODE				
CELL PHONE					E-MAIL				
EMERGENCY CONTACT NAME					EMERGENCY CONTACT PHONE				
MEDICAL CONDITIONS PLEASE LIST FOR ALL MEMBERS									

### AVAILABLE MEMBERSHIP PACKAGES (PLEASE SELECT ONE)

<u>ADULT 18 - 64</u>	<u>STUDENT (18+ WITH ID)</u>	<u>SENIOR (65+)</u>	<u>CONCESSION</u>	<u>CHILD/YOUTH (6 - 17)</u>	<u>FAMILY</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Concession is Active military with ID, people with physical disabilities, CVFD volunteer members.

Family is up to two (2) domestic partnership adults and three (3) children/youth 6 - 17 years residing at the same address

MEMBERSHIP TYPE	<input type="checkbox"/> GYM ONLY	<input type="checkbox"/> SWIM ONLY	<input type="checkbox"/> SWIM & GYM	EXTENDED BIDARKI ACCESS HOURS 18+ ONLY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MEMBERSHIP TERM	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTH	<input type="checkbox"/> 20 VISIT PASS	<input type="checkbox"/> 10 VISIT PASS		

### ADDITIONAL MEMBERS (FAMILY MEMBERSHIPS ONLY)

SPOUSE/2ND ADULT NAME

GENDER

DATE OF BIRTH

_____	<input type="checkbox"/>	<input type="text"/> M	<input type="text"/> M	<input type="text"/> D	<input type="text"/> D	<input type="text"/> Y	<input type="text"/> Y
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CHILDREN NAME (6 - 17 YEARS)

_____	<input type="checkbox"/>	<input type="text"/> M	<input type="text"/> M	<input type="text"/> D	<input type="text"/> D	<input type="text"/> Y	<input type="text"/> Y
_____	<input type="checkbox"/>	<input type="text"/> M	<input type="text"/> M	<input type="text"/> D	<input type="text"/> D	<input type="text"/> Y	<input type="text"/> Y
_____	<input type="checkbox"/>	<input type="text"/> M	<input type="text"/> M	<input type="text"/> D	<input type="text"/> D	<input type="text"/> Y	<input type="text"/> Y

All fees include City Sales Tax (7%). A convenience fee of either \$3.50 fee (<\$100) or 3.5% of total (>\$100) applies to Credit/Debit card payments.

PLEASE TURN OVER. PAGE 1 OF 2

## CITY OF CORDOVA PUBLIC FACILITIES WAIVER AND RELEASE

The City of Cordova (the "City") makes available City-owned facilities, including the Bidarki Recreation Center and the Bob Korn Memorial Swimming Pool (the "Public Facilities") to members of the public who agree to adhere to federal, state, and municipal laws and all applicable Public Facilities rules and regulations. In order to use the Public Facilities, every adult, or a parent/guardian on behalf of a minor Youth/dependent (collectively the "Facility Patrons"), must agree to the following terms releasing the City from any and all liability related to the use of the Public Facilities.

By their very nature, Public Facility environments can be unpredictable. This means that even the most perfect, safest set of circumstances could not eliminate all risks associated with use of the Public Facilities; these types of risks, such as falls, contact with other Facility Patrons, improper use or failure of the equipment, and drowning, are called inherent risks. Additionally, certain conduct or negligent actions by others, including other Facility Patrons, may cause damage to property or result in injury to a Facility Patron. All Facility Patrons must assume responsibility for all risks – inherent or otherwise – as a condition of using the Public Facilities, including those that result in bodily injury, illness, property loss, or death.

Naturally-occurring human disease and viruses (including, but not limited to, the currently widespread COVID-19 virus) occurs in all environments, including the Public Facilities. I acknowledge that, while the City has taken reasonable measures to mitigate contact, exposure, transmittal or contamination of diseases and viruses between people (including other Facility Patrons, employees, and other third parties), that it is the sole responsibility of the Facility Patrons to safeguard themselves and others from such risks.

The Public Facilities have many unattended areas where there will be no staff monitoring the Public Facilities or the Facility Patrons. All Facility Patrons must assume full responsibility for themselves and all of the activities in which they choose to engage, and must agree to the general and specific rules governing each Public Facility or activity, including but not limited to rules governing the Extended Hours Access and a minor's use of the Public Facilities.

Finally, while the City strives to maintain the safety of the Public Facilities, it may make MISTAKES or act NEGLIGENTLY in trying to do so. In exchange for the use of the Public Facilities, the Facility Patrons (and anyone that could or can legally stand in their place) agree to defend, release, indemnify, and hold harmless the City (and its past, present, and/or future city council members, administrators, officers, employees, volunteers, agents, attorneys, insurers, representatives, designees, and assigns) from liability or claims stemming from the City's NEGLIGENCE or MISTAKES, whether related to inherent risks or otherwise, for any claim brought by me, my minor child/dependent, or any third parties.

**I understand that by providing my signature, I am agreeing to the terms of this Waiver and Release on behalf of myself and/or my minor/dependent, as designated. I also agree that you have been provided with a current copy of the Membership Terms and Conditions, fully understand and agree to the City's terms as set forth and accept the City's terms on behalf of yourself or the Facility Patrons identified on the Membership Form, including the Waiver and Release found above.**

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PRIMARY MEMBER SIGNATURE (MEMBERS OVER 18)

DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y

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PRINT NAME (PARENT OR LEGAL GUARDIAN NAME IF MEMBER IS UNDER 18)

### OFFICE USE ONLY

STAFF INITIALS:

MEMBERSHIP TYPE

DATE PAID:

PAYMENT METHOD

CASH ☐

CHECK #

BARCODE #'S

TOTAL MEMBERSHIP FEE

CREDIT/DEBIT (STARNIK) ☐

STARNIK RECEIPT NUMBER

START DATE

END DATE

MEMBER PHOTO