



MEMBERSHIP AGREEMENT

For Return by USPS: P.O. Box 126, Eureka Springs, AR 72632

Member Name – Individual or Primary

Date

Last Name

First Name

Middle Initial

Street Address

Unit #

City

State

Zip

E-mail

Primary Phone Number

Date of Birth

Female

Male

Other

Trans*

Emergency Contact Name

Emergency Contact Phone

Secondary Member

Last Name

First Name

Middle Initial

Date of Birth

Female

Male

Other

Trans*

Additional Family Members Included Under Membership

Last Name

First Name

Middle Initial

Date of Birth

Female

Male

Other

Trans*

Last Name

First Name

Middle Initial

Date of Birth

Female

Male

Other

Trans*

Last Name

First Name

Middle Initial

Date of Birth

Female

Male

Other

Trans*

Suspension/Termination of Membership: The Eureka Springs Community Center (herein referred to as "ESCC") has the right to suspend and/or terminate any membership for behavior unfavorable to the enjoyment of the facilities, services, and programs of the ESCC.

Cancellation/Termination of Membership: All annual memberships must be paid in advance and are not eligible for cancellation.

Release and Waiver of Liability and Indemnity Agreement: In consideration for being permitted to utilize the facilities, services, and programs of the ESCC for any purpose, including but not limited to observation or use of facilities or equipment, participation in any program affiliated with the ESCC, the undersigned, for oneself, any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that one has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the ESCC for observation or use of any facilities or equipment or participation in such program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe, and reasonably suited for observation, use or participation.

THE UNDERSIGNED IS THE DESIGNATED REPRESENTATIVE FOR THEIR OWN BEHALF. IF THE UNDERSIGNED IS MARRIED OR COUPLED, THEIR SPOUSE/PARTNER MUST SIGN SEPARATELY. IF PRIMARY UNDERSIGNED IS A PARENT OR GUARDIAN, PRIMARY PARENT/GUARDIAN MUST SIGN ON BEHALF OF THEIR CHILDREN OR WARDS.

The undersigned and **HEREBY AGREES TO THE FOLLOWING** for oneself and all represented individuals:

1. The undersigned hereby releases, waives discharges and covenants not to sue the Eureka Springs Community Center, the Eureka Springs Community Center Foundation, and any associated directors, officers, employees, and agents from all liability to the undersigned, their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the personals or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment thereon, or participation in any program affiliated with the Eureka Springs Community Center.
2. The undersigned hereby agrees to indemnify and save and hold harmless the releases and each of them for any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the ESCC premises or in any way observing or using any facilities or equipment of the ESCC whether caused by the negligence of the releases or otherwise.
3. The undersigned hereby assumes full responsibility for any risk of bodily injury, death or property damage due to negligence of releases or otherwise while in, about, or upon the premises of the ESCC and/or while using the premises or any facilities or equipment thereon or participation in any programs affiliated with the ESCC.
4. I, the undersigned, authorize any and all necessary medical and surgical treatment, x-ray, laboratory, anesthesia, ambulance, emergency room treatment, and any and all other medical and /or hospital procedures as may be deemed necessary as prescribed by the attending physician and / or paramedics for myself if I am unconscious and/or if the emergency contact person is not designated or cannot be reached during an emergency.

Media Release - Check ONE

- Grant permission to ESCC to use an image of me or my family for such purposes as display, distribution, publication, transmission or otherwise use of photographs, images, and/or video, but may not be limited to printed materials such as brochures, newsletters, and digital images such as those used on the ESCC website, Facebook page.
- Deny permission to use an image of me or my family in any form.

Name (Print) _____ Signature _____ Date _____

Secondary Name (Print) _____ Secondary Signature _____ Date _____

T-Shirt Size:

Small Medium Large XL 2X 3X

Membership Type Individual Family Renewal Other

Membership Master Number - For Office Only

Amount Paid: _____

Pay Type: Cash _____ Card _____
Check _____ GC _____ NO. _____