



Versailles-Woodford Co. Parks  
275 Beasley Drive  
Versailles, KY 40383  
Phone: 859-873-5948  
Fax: 859-873-7708

### Bronze Membership Form

\_\_\_\_\_  
Primary \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_  
Email \_\_\_\_\_

#### Emergency Contact Information:

\_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

#### Type of Membership

Senior Discount: \_\_\_\_ Yes \_\_\_\_ No *(must be over 60 years of age to be eligible)*

*Monthly payments will be drafted on the 15<sup>th</sup> of each month via credit/debit card or bank draft.*

#### Please check method of payment for monthly drafts:

<u>    </u> <b>Credit/Debit Card</b>	<u>    </u> <b>Bank Draft</b>
Name as appears on card: _____	Name on Account: _____
Type of Card: _____	Name of Bank: _____
Card Number: _____	Account Number: _____
Expiration Date: _____ CVC Code: _____	Routing Number: _____
Card Holder Signature: _____	Account Holder Signature: _____

#### Bronze Membership Benefits:

- You can cancel your membership at any time with no penalty
- Your membership can be cancelled and restarted for a \$25 re-activation fee at any time
- No re-activation fee when re-activated after 12 months from previous cancellation
- Can be changed to a Silver or Gold membership at any time at no charge

Member Name: \_\_\_\_\_

Draft Amount: \_\_\_\_\_  
(Account will be drafted on the 15<sup>th</sup> of each month)

### **Bronze Membership Terms and Conditions of Agreement**

**Terms of Bronze Membership and Cancellation Policy:** I, the buyer, understand that I may cancel my membership at any time with no penalty. I also understand that I may cancel and reactivate my Bronze membership at no charge if it has been 12 months or longer since I last cancelled my membership. If it has been less than 12 months since I last cancelled my membership, I understand there will be a \$25 fee to re-activate my membership.

**Renewal Policy:** I understand that by having a Bronze membership I am paying on a monthly basis and that my membership status and monthly drafts will **automatically continue until such time that I notify the Parks and Recreation Department of my wish to cancel.** I understand that it is my responsibility to notify the Parks and Recreation Department of my desire to **cancel in writing 15 days** prior to the draft date for the month in which I desire to cancel.

**Service Fee Charge:** I understand that there will be a service charge of \$20.00 for any returned check or insufficient funds on any auto debit transactions.

**Private Use Clause:** I understand that the use of my membership or this facility for private financial gain is STRICTLY PROHIBITED. Violators may be subject to forfeiture of their membership and/or loss of user privileges.

**Photography/Video Consent:** I understand and give my permission for Falling Springs Arts and Recreation Center and the Versailles-Woodford County Parks and Recreation Department to use any photos and/or videos obtained of myself, spouse, and any minor children listed on my membership for promotional purposes.

**Informed Consent:** I understand that Falling Springs Arts and Recreation Center (FSARC) offers a variety of activities. These activities include aerobics, walk/jog, weight training, aquatics, recreation type activities, and many more. In healthy individuals the risk during exercise is less than the risk of not exercising and I realize there is inherent risk in any vigorous physical conditioning program or activities that may take place at FSARC. These risks may include: bruises, sprains, and strains, along with more serious cardio respiratory problems, and a variety of less serious injuries.

I agree to follow all Falling Springs Arts & Recreation Center's rules. I also understand that the employee's are to help me enjoy fun and safe activities here at FSARC. I am aware that not abiding by or following the rules and recommendations given by given by FSARC employees' may result in serious injury. I also agree to inform the FSARC staff of any significant changes in my health status.

**Rules & Regulations:** I understand and agree that any failure on my part or on the part of any user listed on my membership, to follow the rules and regulations of the center may result in suspension or revocation of the user's privileges.

**Waiver of Liability:** I, the undersigned, hereby waive any and all claims that I may have against the Versailles-Woodford County Parks and Recreation Department, Woodford County or the City of Versailles and the agents, employees, directors, board members, magistrates, council members, and officers of these entities for any loss I may suffer arising out of the use of the facilities both inside and outside of the Falling Springs Arts and Recreation Center. I agree to indemnify and hold harmless the above parties from and against any and all liability for damages arising from injuries to my person or damage to my property occasioned by any acts or omissions of the above parties including all expenses, legal or otherwise. I, the undersigned, acknowledge reading the foregoing and fully understand the same. This waiver applies as concerns them and on behalf of minor children who use my facility pass as well.

I, the undersigned, understand and agree to the terms and conditions as stated above.

Primary Pass-holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other adult under family plan: \_\_\_\_\_ Date: \_\_\_\_\_