

Member Name: _____

Amount Paid _____

Gold Membership Terms and Conditions of Agreement

Terms of Gold Membership and Cancellation Policy: I, the buyer, agree to maintain my status as a Gold member for a period of 12 months. I understand that I cannot cancel my membership within the first 12 months unless one of the following occur: (A) My death or (B) A medical disability certified in writing to the Parks and Recreation Department stating that I am unable to use a substantial portion of the facilities or services. I understand that if I cancel my membership for any reason other than stated above I will be charged a cancellation fee of double the monthly rate for my membership type. I also understand that all cancellations must be made in person during regular office hours.

I understand that by purchasing a Gold membership the Parks and Recreation Department will notify me that my membership is about to expire 30 days prior to the expiration date, but that it is my responsibility to notify the Department of my intent to renew my membership and to make arrangements for payment for the next year's membership within that 30 day period. If I chose to renew my membership, I understand that I may choose to again pay in one lump sum or that I may change my membership to a Silver or Bronze membership with the option to pay on a monthly basis via bank draft or credit card. I understand that if I do not make arrangements to renew before my membership expires, my membership will be terminated.

Service Fee Charge: I understand that there will be a service charge of \$20.00 for any returned check.

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 pass 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: _____