



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

Summer Family Membership Form

 Primary Age Birth Date Home Phone

 Street Address City State Zip Work/Cell Phone

 Spouse's Name (if applicable) Age Birth Date Work/Cell Phone

_____ Email Address

Household Members Names (must live in same household as primary member)

 Name Age DOB Name Age DOB

 Name Age DOB

Additional Members at \$25/person

 Name Age DOB Name Age DOB

 Name Age DOB Name Age DOB

Emergency Contact Information:

 Name Relationship Home Phone Work/Cell Phone

For Office Use Only:

Qualifies for Promo: Yes No Amount Paid: _____ Payment Method: _____

Entered By: _____ Date: _____

Member Name: _____

Membership Expires _____

Summer Family Membership Terms and Conditions of Agreement

Terms and Cancellation Policy: I, the buyer, acknowledge that all members listed under my membership must live in my household and understand that that failure to comply with this may result in cancellation of membership. I understand this membership is a full facility membership and is valid from Memorial Day weekend thru Labor Day unless noted otherwise. The Falling Springs Board of Directors reserves the right to extend the length of a membership in such instances of acts of god, mechanical failure or any unforeseen circumstances where the outdoor pool is delayed in opening or closes for the season before the scheduled date. I also understand this membership is non-refundable and non transferable upon cancellation and cannot be exchanged for any other memberships, services or activities that may be offered.

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 or 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(s) under my plan: _____ Date: _____

Other adult(s) under my plan: _____ Date: _____

Other adult(s) under my plan: _____ Date: _____

Other adult(s) under my plan: _____ Date: _____