



ELLINWOOD RECREATION COMMISSION MEMBERSHIP FORM

All prospective members of ERC wellness center are required to complete this registration form. Indicate any changes; Membership run for one year. **NEW MEMBERSHIP RENEWAL Changes for directory?**

GYM HOURS: MONDAY-SUNDAY 5:00AM-10:00PM **LOST CARDS: \$10 Replacement fee per card**

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	Mr Mrs Miss Ms		
NAME			
NAME		MAIN TELEPHONE*	
NAME		CELL NUMBER*	
ADDRESS			
ADDRESS			
ZIP CODE		PRIMARY EMAIL	
EMAIL *			

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check	PAYMENT TYPE		
FAMILY	Full Membership/Up to 6 household members. 16 yrs of age or older with parent signature.	\$420.00		Monthly	Quarterly	Full
SINGLE	Single memberships/anyone 18yrs or older.	\$240.00				
BUSINESS MEM	Barton Community College Employee	\$168.00 single \$294.00 family				
PAYMENT METHOD	ACH Physical Bill Monthly Electronic Bill Monthly					

SECTION 3: MEMBERS WAIVER AGREEMENT

I, the undersigned, hereby consent to myself/family enrolling and participating in all Ellinwood Recreation Commission Wellness Center activities/personal workouts. I acknowledge that the activities involved by their nature involve some inherent risk. I assume all physical risks and hazards involved in the conduction of recreational programs and hereby release, and hold harmless this organization and any other civic or private party organization involved in any way in the activity from any liability as a result of an accident which may occur in conjunction with said participation and the result of bodily injury to myself from any machine or hazardous workout. I am also aware and agree to the workout area being unsupervised and I agree to workout at my own risk. This release is intended to include all individuals and representatives of the organizations and individuals and representatives participating in recreational programs. I further acknowledge and understand that no insurance is provided by the Ellinwood Recreation Commission, Kansas or any other organization or entity assisting with promoting or conducting the program, travel and activities.

-Membership dates will be expired one year from signature date. You will be notified one month prior to expiration to renew.

- All members must follow Wellness Center rules and regulations posted within the facility and membership agreement. Any member breaking rules may be terminated with no refund.

Permission to use photographic images:
Photographs of members may be used in various communications incl. the newsletter and website. Group photographs taken at events may be used without identifying individual members. YES _____ NO _____

Date: _____ **EXPIRATION DATE** _____

Signature: _____

www.ellinwoodrec.com

To pay by mail: Send a check made payable to Ellinwood Recreation Commission to , PO BOX 342 Ellinwood, KS 67526
Phone 620-566-7323