

Indigo Park Recreation Association, Inc.

POOL MEMBER APPLICATION 2018

Applicant's Name: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Emergency Contact: _____

	Name	Phone #	Relationship
Emergency Contact:	_____	_____	_____

Please list all household members who plan to swim on this membership.

NAME	DOB	Medical Conditions/Allergies/Disabilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2017 Rates: Please check a box below to indicate membership level

Family: \$330

Single: \$150
16 or older

Couple: \$220
Adult and one over 16

Grandparent: \$110
Out of town visiting family 12 visits.

Total Enclosed: \$ _____

Make checks payable to: IPRA Mail to: PO Box 6692, Williamsburg, VA 23188

Or pay online with Paypal at: <https://sites.google.com/site/indigoparkpool/home>

The undersigned hereby agrees to the assumption of risk and release conditions noted below:

On behalf of themselves, members of their households, and all guests sponsored or invited by any person listed on the attached application, and the guardians, heirs, executors, and administrators of any and all of them in the relation to the participation by any of them at the Indigo Park Recreation Association pool, pool area, and adjacent Indigo Park Recreation Association facilities **to hold harmless** Indigo Park Recreation Association, Inc., and all its members, officers, directors, agents, volunteers, successors and assigns from any and all liability, actions, causes of actions, claims and demand of every kind and nature whatsoever of which any of them now have or which may arise out of

1. participation of any of the persons mentioned above in activities at or use of these facilities, and

2. any and all actions relating to emergency or rescue situations taken by Indigo Park Recreation Association, Inc., and any of its employees, members, officers, directors, volunteers, agents, and successors. All licensed physicians, nurses, hospitals and health care providers of any type, and all employees thereof, are hereby authorized to admit, and administer medical and surgical care to, any of the persons listed on this form (including the guests and invitees referred to above), which health care is necessary and appropriate in the discretion of the health care provider.

The undersigned hereby agrees to be totally jointly and severally liable for all health care, emergency and other related services, including all supplies and costs associated therewith, regardless of which person or entity initially signs as the obligated party. Should the Indigo Park Recreation Association pay for any such costs, the undersigned shall promptly reimburse in full the Indigo Park Recreation Association.

Date: _____ Applicant's Signature: _____

Are you a NEW POOL MEMBER? YES NO

IF YES, Please List who recruited you to join the pool: _____