

# ANNUAL PASS MEMBERSHIP (FOR RESIDENTS)



## HOUSEHOLD INFORMATION:

☐ RENEWAL

PRIMARY HOUSEHOLD CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

## PASS TYPE:

### ☐ FAMILY

The family pass entitles two adults and up to two dependents between the ages of 3 and 18 residing in the same household use of the community center for one year; additional dependents can be added for only \$36.00. Full-time students under 25 years of age can be added as dependent.

	NAME	BIRTH DATE	M/F	MONTHLY RATE	PAID IN FULL
PRIMARY GUARDIAN	_____	_____	_____	\$ 41.68	\$ 500.00
SECOND GUARDIAN	_____	_____	_____	N/A	\$ 0.00
DEPENDENT #1	_____	_____	_____	N/A	\$ 0.00
DEPENDENT #2	_____	_____	_____	N/A	\$ 0.00
DEPENDENT #3	_____	_____	_____	\$ 3.00	\$ 36.00
DEPENDENT #4	_____	_____	_____	\$ 3.00	\$ 36.00
<input type="checkbox"/> INDIVIDUAL ADULTS 18 - 61	_____	_____	_____	\$ 20.84	\$ 250.00
<input type="checkbox"/> SENIOR ADULTS 62 & UP	_____	_____	_____	\$ 8.34	\$ 100.00
<input type="checkbox"/> SENIOR HOUSEHOLD 2 SENIORS RESIDING AT SAME ADDRESS	_____	_____	_____	\$ 13.75	\$ 165.00
<input type="checkbox"/> YOUTH / STUDENT CHILDREN UNDER 18 OR FULL-TIME STUDENT UNDER 25, REGISTERING INDEPENDENTLY. CHILDREN UNDER AGE 12 MUST BE ACCOMPANIED BY AN ADULT WHEN UTILIZING THE COMMUNITY CENTER.	_____	_____	_____	\$ 13.92	\$ 167.00

**TOTAL** \_\_\_\_\_

WOULD YOU LIKE TO PAY FOR THIS MEMBERSHIP

☐ MONTHLY

OR

☐ IN-FULL

**MEMBERS PAYING MONTHLY ENJOY LOW MONTHLY PAYMENTS AND NEVER HAVE TO RENEW THEIR MEMBERSHIP.**

Monthly payments are made through automatic debits of either a credit card or bank account.  
After the initial 12 months of membership, passes being paid monthly will continue on a month-to-month basis,  
giving you the opportunity to terminate your membership anytime with 30 days advanced written notice.

In consideration of accepting my (child's) application, I hereby, for myself, my children, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against West Deptford Township and its employees, representatives and successors for any and all injuries suffered by myself or my child at the community center.

PARENT / PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**(BY SIGNING THIS FORM YOU AGREE TO ABIDE BY ALL THE COMMUNITY CENTER'S RULES & REGULATIONS AND THE AGREEMENT & RELEASE OF LIABILITY ON THE BACK OF THIS FORM.)**

## PAYMENT

CIRCLE PAYMENT METHOD:

CHECK

VISA

MASTERCARD

EFT

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO  
**WEST DEPTFORD TOWNSHIP**

CARDHOLDER'S NAME \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_

CHECK # \_\_\_\_\_

**ANNUAL PASSES ARE NON-REFUNDABLE**

## AGREEMENT AND RELEASE OF LIABILITY

Thank you for choosing the facilities, programs, and/or services of the RiverWinds Community Center. Please read and sign the following Agreement and Release of Liability.

I, the undersigned, on behalf of myself and/or as the parent or legal guardian of the children set forth in this application do hereby declare that I/we intend to use some or all of the facilities, programs, and services offered by the RiverWinds Community Center. I understand that each person listed in this application has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, facilities, programs, and services offered are either educational, recreational, social, physical, or self-directed in nature. I assume full responsibility, during and after my/our participation, for my/our choices to use or apply at my/our own risk, and activity, facility, program, or service offered by the RiverWinds Community Center. I understand that my/our choice to utilize the facilities and participate in any activity, service, or program and the fitness, health, awareness, care, and skill that I/we possess are use, brings with it my/our assumption of those risks or results stemming from those choices. I certify that I, and/or the children listed in this application, are in good health and are able to use the facilities and participate in its activities, programs, or services. I understand that no health and/or accident insurance is provided for myself and/or the children listed on this application by West Deptford Township, and I accept full responsibility for obtaining the same or for payment of al expenses in the absence of such insurance.

In consideration for the acceptance by West Deptford Township of this application for membership/annual pass and for being allowed to use the facilities of and participate in the activities, programs, and services of the RiverWinds Community Center. I, the undersigned on behalf of myself and as the parent of legal guardian of the children listed in this application, as well as for our heirs, executors, administrators and assigns forever release and discharge West Deptford Township and its appointed and elected officials, employees, agents and other representatives from any and all personal injuries and/or property damages sustained by myself and/or by the children listed in this application as the result of my/our using the facilities and participating in the activities, programs, and services offered by the RiverWinds Community Center. I, the undersigned, for myself and for the children listed in this application, do hereby agree to indemnify, hold harmless and defend West Deptford Township and its appointed and elected officials, officers, employees, agents, and other representatives, their heirs, executors, administrators, successors and assigns from any and all personal injuries and property damages sustained by others by reason of my conduct or the conduct of the children set forth in this application in connection with the use of the facilities and the participate in the activities, programs, and services offered by the RiverWinds Community Center, including court costs and attorneys fees. Furthermore, I, the undersigned, for myself and for the children listed in this application, do hereby agree that if a legal dispute arises, I, the undersigned, for myself and for the children listed in this application, will attempt to settle the dispute through mediation before a mutually acceptable mediator whose name appears in the registry of names recognized by the State of New Jersey as qualified persons for mediation assignments. To the extent mediation does not result in a resolution, I, the undersigned, for myself and for the children listed in this application, agree to submit the dispute to binding arbitration through the American Arbitration Association.

I am aware that using the facilities and participating in the activities, programs and services offered by the RiverWinds Community Center will involve my/our participation with other persons using the facilities and may involve risk of injury. I recognize the importance of following the rules and regulations of the RiverWinds Community Center and the instructions given by its employees in any activity in which I/we participate. Therefore, I/we agree to comply with all rules, regulations, and instructions in connection with the use of the facilities and the activities, programs, and services offered by the RiverWinds Community Center. I agree that West Deptford Township shall have the right at its discretion to enforce such rules, regulations, and instructions and/or terminate my participation or the participation of the children listed on this application for failure to comply with such rules, regulations and instructions, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony, or interest of other persons using the facilities and/or participating in the activities, programs, or services of the RiverWinds Community Center.

I hereby grant West Deptford Township, its appointed and elected officials, employees, agents, and other representatives full authority to take whatever action they consider to be warranted regarding my health and safety and the health and safety of the children listed on this application, and I fully release, indemnify and hold harmless all of them for any liability for such actions taken on our behalf as set forth herein.

I agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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Date

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Signature of Applicant

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Date

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Signature of Applicant