

MEMBERSHIP APPLICATION FORM

1. APPLICANT INFORMATION (Please print clearly.)

LAST Name:	FIRST Name:	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F
Mailing Address:	Date of birth (dd/mm/yy):	
	Postal Code:	
City/Town:		
Email:		
Primary Contact Number:	Secondary Contact Number:	

2. EMERGENCY CONTACT

Emergency Contact:	Relationship to Member:
Emergency Number:	

3. SELECT MEMBERSHIP

Please select one of the following membership terms:

Annual <input type="checkbox"/>	6 Month <input type="checkbox"/>	Monthly <input type="checkbox"/>	10 Pass <input type="checkbox"/>
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Please select one of the following membership packages:

Bold Center/Pool <input type="checkbox"/>	Portage Pool <input type="checkbox"/>	Track Only <input type="checkbox"/>	Corporate <input type="checkbox"/>
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If you have selected a Corporate membership, please list your employer: _____

Please select one of the following membership options:

Youth (4-17 years) <input type="checkbox"/>	Student (18-25 years with valid student ID) <input type="checkbox"/>	Adult (18-59 years) <input type="checkbox"/>	Senior (60+ years) <input type="checkbox"/>	Family (max 5 residing in same residence) <input type="checkbox"/>
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If you are under the age of 16, have you successfully completed the Youth Orientation Program? Y / N

Membership effective on: (dd/mm/yy) ____/____/____

If you are purchasing a family membership (all members must reside at the same address and meet guidelines). List members below.

Name _____	Date of birth: _____	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F
Name _____	Date of birth: _____	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F
Name _____	Date of birth: _____	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F
Name _____	Date of birth: _____	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F

I declare that all members listed on this membership reside at the same address and meet County guidelines. Initials: _____

4. MEMBER'S DECLARATION & PAYMENT DETAILS

Pay in full? Y / N

Set up pre-authorized monthly payments? Y / N

I hereby agree and consent to pre-authorized monthly payments for my membership. Initials: _____

Automatically Renew? Y / N

I hereby agree and consent for my membership to be automatically renewed for an identical term until I submit a **Membership/Pre-Authorized Credit Card Cancellation Form**. Initials: _____

5. MEMBERSHIP CANCELLATION TERMS & CONDITIONS

- The following memberships are eligible for cancellations: monthly, 6 month and annual. Members can cancel their memberships at any time for any reason.
 - Cancellations are subject to a \$25 cancellation charge.
 - 10 Pass membership holders are normally not eligible for cancellations but may be considered on a case-by-case basis by the Manager, Recreation.
 - Members will receive the pro-rated monthly amount remaining on their membership. Members must cancel before the next month of their membership. If the cancellation is received after that time, the membership will remain active for an additional month. There will be no refunds for unused portions of a month.
- I acknowledge that I have read and agree to the **Membership Cancellation Terms and Conditions**. Initials: _____

6. PRE-AUTHORIZED PAYMENT PLAN TERMS & CONDITIONS

- By signing this **Membership Application Form** and selecting the payment plan option, the member is authorizing Lac La Biche County to charge their credit card the monthly membership fee on the date of purchase and each month thereafter of the term.
- Membership Pass Fees are subject to annual increases.
- Any changes in age or status (e.g. no longer making them qualified to hold a youth/student pass or now eligible for a senior pass), their pre-authorized payments will be cancelled at the end of their membership term and a new membership will need to be purchased.
- If the member has selected that their membership automatically renews for an identical term, their credit card will continue to be debited until they submit a **Membership/Pre-Authorized Credit Card Cancellation Form**.
- The member is responsible for providing the County with updated payment information if their information changes or expires.

- Declined payments are subject to a \$20 NSF charge. If declined payments occur two or more times within the membership term, the membership will be suspended/cancelled until payment has been received and the member will no longer be eligible for the pre-authorized payment plan.
- If the member wishes to stop pre-authorized payments but maintain their current membership, they must provide the County with at least 3 business days' notice prior to their card being charged. There will be no cancellation charges for this.

I acknowledge that I have read and agree to the **Pre-Authorized Payment Plan Terms and Conditions**.

Initials: _____

7. MEMBERSHIP TERMS & CONDITIONS – WAIVER & RELEASE

WARNING: BY SIGNING THIS DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, CLAIM DAMAGES, AND SEEK COMPENSATION.

Acknowledgement of Risks, Injury & Obligations

I am aware that participation in activities associated with membership at Bold Center and/or Portage Pool involves inherent risks, dangers and hazards, involving all manner of injury or loss, including potentially serious or life-threatening injury and death, including, but not limited to:

- (a) the use of equipment, materials or facilities related to membership activities;
- (b) the actions of negligence of myself or minor children for whom I am parent or guardian or other members of Bold Center and/or Portage Pool;
- (c) the actions or negligence of Lac La Biche County or its council, officers, employees, volunteers, agents, invitees, or representatives of any kind (collectively referred to as the "County"); or
- (d) additional risks arising out of the use of Bold Center and/or Portage Pool facilities and related events and activities.

I, the undersigned applicant, freely accept and assume all such risks, dangers and hazards and the possibility of injury, death, property damage, property loss or any other loss or expense resulting to myself and/or minor children for whom I am parent or guardian.

Release and Indemnity

I, the undersigned applicant, hereby agree as follows:

- (a) TO WAIVE ANY AND ALL CLAIMS of every nature and kind at law or equity or under any statute that I and/or minor children for whom I am parent or guardian have or may have in the future against the County;
- (b) TO RELEASE THE COUNTY from any and all liability for injury, death, property damage, property loss or any other loss or expense that I and/or minor children for whom I am parent or guardian may suffer or that our respective next of kin or legal representatives may suffer as a result of participation in or use of Bold Center and/or Portage Pool, due to any cause whatsoever, including negligence on the part of the County;
- (c) TO HOLD HARMLESS AND INDEMNIFY THE COUNTY from any and all liability for injury, death, property damage, property loss or any other loss or expense to any party, including myself and/or minor children for whom I am parent or guardian, as a result of participation in or use of Bold Center and/or Portage Pool, or any other financial loss or expenses including, without restriction, legal expenses and costs on a solicitor-and-his-own-client full indemnity basis in defending against such claims or enforcing the terms contained within this document; and
- (d) THAT THIS AGREEMENT WILL BE EFFECTIVE AND BINDING UPON myself and minor children for whom I am parent or guardian, and our respective heirs, next of kin, executors, administrators and assigns.

Signature: _____

Signature: _____

(required if more than 1 adult on membership OR Parent/Guardian for Youth)

Rules and Regulations of Bold Center & Portage Pool

All members agree to learn and abide by all the rules and regulations set by Lac La Biche Recreation and that may change from time to time.

8. ELECTRONIC COMMUNICATION

I wish to receive Bold Center and/or Portage Pool electronic communications containing news, updates, announcements, invitations and promotions regarding events and/or member opportunities relating to Lac La Biche Recreation. I understand I can withdraw my consent to receive communications from the Lac La Biche Recreation at any time.

This consent is sought by Lac La Biche Recreation. 100 8702 91 Ave, Lac la Biche, AB T0A 2C0 (780) 623-3829. www.boldcenter.ca

9. FREEDOM OF INFORMATION AND PROTECTION ACT

Any personal information submitted in this application form is collected for the purpose of operating the Bold Center and/or Portage Pool and its various programs and services, registering members and processing payment for membership under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. Should you have any questions regarding the collection, use and disclosure of information submitted in this application, please contact the Manager, Legislative Services for Lac La Biche County at 780-623-1747.

10. SIGNATURE

I/we wish to apply for membership. I/we, the undersigned applicant(s), hereby acknowledge that I/we have read the foregoing, and have had the opportunity to ask questions and clarifications before signing. I/we acknowledge that I/we understand its content, import and meaning and hereby do agree, approve and consent to the above, in particular with relation to the Acknowledgment of Risks, Injury and Obligations, and the Release and Indemnity. I/we have read and agree to the Membership Terms and Conditions.

Signature: _____

Date: _____

Signature: _____

Date: _____

(if more than 1 adult on membership OR Parent/Guardian Signature for Youth)

Witness: _____

Date: _____

Please submit this form to the Front Desk at the Bold Center at 100 8702-91st Ave Lac La Biche and/or Portage Pool at 9531-94 Ave Lac La Biche.

11. CREDIT CARD INFORMATION FOR PRE-AUTHORIZED PAYMENT PLAN

To be filled out for those who sign up for pre-authorized payment plans only.

Please complete the credit card information below, which hereby authorizes Lac La Biche County to debit the following credit card for the above membership each month. Please note that you can opt-out of the pre-authorized payment option on 3 days' notice of your payment due date by completing a **Membership/Pre-Authorized Credit Card Cancellation Form** which is available at Bold Center, Portage Pool or at www.boldcenter.ca.

Name (as it appears on card): _____

Type of Card: VISA / Mastercard / Other (please specify) _____

Card Number: _____ Expiration Date: _____

Billing Address (if different from above): _____

Signature: _____ Date: _____