

HOPE VALLEY FARMS SWIM AND RACQUET CLUB

SUMMER MEMBERSHIP APPLICATION

Membership Number _____

TYPE OF MEMBERSHIP: Family _____
Single _____

APPLICANT:

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Employer _____ Business Phone _____

E-mail address: _____

SPOUSE:

Name _____ Date of Birth _____

Employer _____ Business Phone _____

CHILDREN:

Name _____ M/F _____ Date of Birth _____

Name _____ M/F _____ Date of Birth _____

Name _____ M/F _____ Date of Birth _____

Dues payment option selected:

1. Full payment on a credit card in the amount of _____ for a summer membership

Please circle: Visa or Mastercard

Card Number _____ Expiration Date _____

Signature _____

2. Personal check submitted in the full amount of _____ for a summer membership.

I acknowledge that I have read this application and all of the terms and conditions stated in this application are acceptable and I request that you accept my application for membership.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

(please read reverse side)

Date of Membership Term:

From May 1st, 20 ___ through September 30th, 20 ___

Other Terms and Conditions:

1. I understand that if my bank returns my check to Hope Valley Farms Swim & Racquet Club or my credit card will not process I will be charged that payment plus a fee of \$25.00.
2. I understand and agree to abide by all rules and regulations of Hope Valley Farms Swim & Racquet Club as contained in the Members Handbook or posted in the facility, as they now exist, and as they may be amended or supplemented in the future. I further understand that if I fail to comply with the rules and regulations set out in the Members Handbook my membership may be suspended or cancelled by the club management in its sole discretion.
3. I understand that this membership does not confer any ownership, either assets or equity, of Hope Valley Farms Swim & Racquet Club upon me.
4. Dues are non-refundable.
5. Fees/Dues are subject to review and can be changed by club management with 30 days notice.
6. I understand that Hope Valley Farms Swim & Racquet Club has the right to terminate this agreement without cause and at any time after issuing a written notice 30 days prior to date of termination.

General Release and Waiver

As I become a member of the Hope Valley Farms Swim & Racquet Club pursuant to the forgoing application, I intend to and will engage in strenuous athletic and physical fitness activities on the premises of the club. I understand that these athletic and physical activities involve certain risks and exposure that I will voluntarily assume by becoming a member of Hope Valley Farms Swim & Racquet Club and using its facilities. I certify that I and any member of my family who may use the facilities of Hope Valley Farms Swim & Racquet Club am/are in sound health and physically able to undertake and engage in physical exercise or sport activities and suffer from no known physical defect or condition that would render such participation to be dangerous. In partial consideration of the use of facilities at Hope Valley Farms Swim & Racquet Club I hereby release Hope Valley Farms Swim & Racquet Club, its directors, officers and agents from any claims, demands or causes of action relating to or deriving from my presence or activities on the premises of Hope Valley Farms Swim & Racquet Club which may result in any injury to me.

I acknowledge that I have read the above and will receive a copy for my files in my welcome packet.

Applicant's signature _____ Date _____

Director's signature _____ Date _____