

Membership Application

| Date: | | | Mem | ber # |
|---|---|--|--|--|
| First Name: | Last Name: | | | |
| Address | | | | |
| City: | | | | Zip: |
| Email | | Phone: | | |
| DOB: | | Gender: | Male: | Female: |
| Payment \$[] Cash | [] Check# [] |] Money Ord | er | aan |
| One Family. | Emergency Contact Information | | | |
| One Family. Name: One Community. | Pocr | Relationship | <u>t</u> | an |
| Phone#:One City | Cell#: | | <u>a L</u> | |
| Hempstead Recreation Center facilities and eq City of Hempstead permitting me to use the Re representatives hereby voluntarily indemnify, Hempstead and its officers, trustees employee affiliated there for any accident, injury, illness suffered by me arising or resulting directly or claims arising from or related to the City of He liability. In the event that I am injured, I agree through some other means, for any medical comedical expenses, injuries or damage suffered BELOW, I ASSUME ALL RISK OF PERSONAL INJUICITY OF HEMPSTEAD, AND TO THE EXEMPT AND PROPERTY DAMAGE OR WRONGFUL DEATH. By time in the future to recover compensation or death, however caused, arising out of my use of guardians, and legal representatives will not mean damage resulting from my use of the Recreating sports activity that this is a release of liability, property damage, and contract between the City | creational Center. I, my spouse, a release from liability, agree to de es, agents, representatives, and and and death, loss, theft, damage to persindirectly from my use of the Recempstead negligence and or/produce to assume any financial obligation asts that I incur. The City of Hempolists agreement, I waive my obtain any other remedy for any infinite any claim against, sue or attain any claim against, sue or attain Center. I am aware of the pote on Center. I am aware of the pote on Center. I am aware of the pote. | ssignees, hefend and how the second creation Centre the stead assurated assurated assurated assurated to be injury to more the Cityential dange llect damagellect damages. | neirs, guard old harmles ent, organi perty, or ot enter includ ty, includin rough my h mes no res reation Cer ELF, TO TH ELITY FOR P ring any lea yself or an es in the e | dians and legal is the City of ization or group ther consequences ling but not limited to g strict products ealth insurance, or sponsibility for any eter. BY SIGNING EXCLUSION OF THE ERSONAL INJURY, gal action now or any y property or for my use, assignees, heirs, tead for any loss or cal to recreational vent of injury, death or |
| Print Name: | Signature; | | | _ |
| Signature of Parent or Guardians (if under | the age of 18): | | | |