



Memberships Canceled
Prior to First Year are
Subject to \$50 Fee

Member Initials

Office Use Only	
Start Date: _____	Staff: _____
Monthly Payments Initial Pmt: \$ _____	Year in Full Payment Amount: \$ _____
Payments: \$ _____	Date Paid: _____
Date Paid: _____	
Verified: _____	Date: _____

ANNUAL MEMBERSHIP APPLICATION FORM

Applicant #1

Last Name _____ First _____ M.I. __ Gender _____

Address _____ City _____ State PA Zip _____

Home Phone # _____ Municipality _____

Cell Phone # _____ Birthdate _____

Email Address _____

Member # _____
Staff Use Only

Applicant #2

Last Name _____ First _____ M.I. __ Gender _____

Address _____ City _____ State PA Zip _____

Cell Phone # _____ Birthdate _____

Email Address _____

Member # _____
Staff Use Only

Emergency Contact Name _____

Phone _____ Relationship _____

Children

LAST NAME	FIRST NAME / MI	Member # <i>Staff Use Only</i>	M/F	DATE of BIRTH	SCHOOL / GRADE

MEMBERSHIP CATEGORY

- Single Parent Family
- Adult Single (18-59)
- Senior Single (60+)
- Insurance Paid: Silver & Fit/Active & Fit/Silver Sneakers/Prime/GlobalFit (S/C/F)
- Family
- Adult Couple
- Senior Couple
- Youth/Student(13-17)
- YS Ins, # of Children _____

PAYMENT

- Automatic Monthly Payment: Complete Authorization on the Reverse Side of this Form.
- Payment in Full: Cash or Check # _____ Visa / MasterCard / Discover Card ending in: _____

I hereby agree to the waiver of liability and payment arrangements, as printed on the reverse side of this form. I further agree to abide by the rules and regulations of the Friendship Center.

Applicant # 1 Signature

Applicant #2 Signature

Date

Date

**FRIENDSHIP CENTER
RELEASE AND WAIVER OF LIABILITY AGREEMENT**

IN PARTIAL CONSIDERATION for being permitted to become a member/guest of or otherwise enter or use the facilities of the Friendship Center (the "FC") ("Facilities" shall include but not be limited to the FC building, facilities including the climbing structure, all furniture, fixtures and equipment contained therein and all programs and activities conducted therein) the undersigned individual agrees as follows:

1. For himself or herself, his or her personal representative, heirs, assigns and next of kin, acknowledges, agrees and represents that the Member/Guest of the FC, immediately upon entering or using any of the facilities of the FC, and continuously thereafter, shall inspect the facilities and all portions thereof which the Member/Guest enters or uses and that entry into the facilities or use thereof constitutes an acknowledgement that the Member/Guest has inspected the facilities and finds them to be safe and reasonably suited for the purposes of the Member's or Guests use. The Member/Guest further agrees and warrants that if at any time the Member/Guest is in or using the FC facilities and believes anything to be unsafe, the Member/Guest will immediately advise the staff of the FC and cease using the facilities.
2. The Member/Guest hereby releases, waives and discharges Lower Paxton Township and its officials and employees (individually and collectively the "Township") from any and all liability to the Member/Guest, his or her personal representative, heirs, assigns and next of kin for any and all loss or damage and any or all claims or demands therefore due to injury to the person or property of the Member/Guest or the death of the Member/Guest, whether caused by the negligence of the Township or otherwise while the Member/Guest is in or using the FC facilities.
3. The Member/Guest hereby assumes full responsibility for a bodily injury, death or property damage due to the action or inaction of the Township or otherwise while in or using the FC facilities.
4. The Member/Guest expressly acknowledges and agrees that there are certain dangers and risks of bodily injury, death and property damage involved in using the FC facilities. The risks involved in Climbing include but are not limited to: falling; collision with objects, people or structures; falling padded surfaces; being struck by other participants or objects; loose handholds; equipment failure even if equipment is properly used; and the conduct, including negligent conduct, of other participants, visitors and staff. Participation in Climbing Activities is voluntary, and participants may withdraw from participation at any time.
5. The Member/Guest acknowledges that he or she has been provided with a copy of the FC rules/policies and agrees to comply with them. The Member/Guest further understands and acknowledges that failure to comply with the rules/policies may result in loss of use of the FC facilities and amenities without a refund of any amounts paid therefore.
6. The Member/Guest acknowledges that the Friendship Center and/or Lower Paxton Township may use photographs/videos of those listed on the front of this form taken at the FC, including programs and special events, with or without names, for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media, or web content.
7. The Member/Guest acknowledges that he or she has read and voluntarily signs this Release and Waiver of Liability Agreement and further agrees that no oral representations, statements or inducements other than the terms of this Release and Waiver of Liability Agreement have been made.

**By signing the front side of this form, I agree to the Waiver Agreement stated above.
Additional waiver forms may be attached as needed.**

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PAYMENT POLICY AND AUTHORIZATION FOR DIRECT WITHDRAWAL

___ I hereby authorize Lower Paxton Township to withdraw the costs of my Friendship Center Membership and/or Program charges from my bank account.

___ I acknowledge that I must provide a 30-day written notice in order to terminate this agreement. This authorization will remain in effect until such notice is provided.

___ I acknowledge that I must provide a 30-day notice in order to make any change in the financial institution, account or credit card from which my payment is to be debited.

___ I acknowledge a service fee will be charged to my Friendship Center account in the event that any payment is returned by the bank or declined for any reason.

The charges will be taken out of my account on the 15th of each month starting _____.
Month, Year

Please indicate the type of account to be used:

_____ Debit/Credit Card _____ Last four digits of the card number.
_____ Checking Account _____ Last four digits of the account number.

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INSURANCE BILLING AUTHORIZATION

___ I understand that my insurance plan will pay for my membership as long as I use the Friendship Center.

___ This authorization allows the Friendship Center to bill my insurance company directly.

___ For recording purposes, my Friendship Center membership card must be scanned each time I use the Friendship Center. This will be used to verify my use of the Friendship Center.

___ I agree to notify the Friendship Center immediately of any changes that affect my eligibility in this insurance program.

Please note: If this program is terminated by the Insurance Carrier or Lower Paxton Township, the Township has the right to terminate the Membership upon thirty (30) days written notice to the member.