

Total Number of People _____

Total Dollar Amount \$ _____

2011- _____

Village of Ada Recreation Department

115 West Buckeye Ave. Ada, Ohio 45810

Phone: (419) 634-4045 Fax (419) 634-4065

Email: adavillage@wcoil.com

Application for 2011 Membership Pass

2011 Membership Fees

Residential/Taxpayer ID Fees

\$30.00 per person

Non-Residential/Non-Taxpayer ID Fees

\$60.00 per person

Please read the following information before completing your pool pass.

Residential/Taxpayer Fee is given to anyone who works and/or lives within the Village limits and is required to file and pay Village Income Tax.

I have read the above information and agree to pay the true amount that is owed per this document and if fraudulent information is provided on this application it is just cause to revoke the membership without reimbursement.

Signature _____

Date _____

Last Name of Family: _____ Parents/Guardians First Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Ext. _____ Cell Phone: _____

Emergency Contact Person: _____ Relationship: _____ Phone #: _____

Family Member Names

Date of Birth

Taxpayer/NonTaxpayer

Price

	Family Member Names	Date of Birth	Taxpayer/NonTaxpayer	Price
1				
2				
3				
4				
5				
6				
7				

Total Owed: \$ _____

CONSENT AND RELEASE ON BEHALF OF A MINOR

I verify that I am the parent and/or legal guardian of the above named minor and give my consent to the participation in any activity of the minor. I also verify that I have read, understand and signed the assumption of risk and insurance certification and the release, waiver and covenant not to sue on the back of this form.

Signature of Parent/Legal Guardian _____

Date _____

Office Use Only Please:

Proof of Taxpayer Status/Resident: W2: _____ License: _____ Other: _____ Mgr. Initial: _____

Cash: _____ Check: _____ Receipt #: _____ Date: _____ Initial: _____

Are there any medical or other concerns we should know about you/your child? _____

Are special accommodations needed for you/your child to participate in the programming? _____

Refund Policy

- A. Providing fraudulent information will result in no refund.
- B. A refund may be provided in the event there is an illness in the family and the pass was not used. If the pass was used a pro-rated refund may be issued.

**ATHLETIC OR RECREATIONAL ACTIVITIES
ASSUMPTION OF RISK AND INSURANCE CERTIFICATION**

Recreational activities and athletic programs may involve substantial risks of bodily injury, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, and heat exhaustion. Each participant in these activities should realize that there are risks and dangers inherent in them, and also in the training, participation for, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training. In the case of a minor, their legal guardian is responsible for ensuring their safe participation in athletic or recreational activities. The undersigned acknowledges that the Village of Ada does not warrant or guarantee in any respect the competency or mental or physical condition of any individual participant in any athletic or recreational activity. All participants in voluntary recreational activities and athletic programs, or their legal guardians, will be required to sign the attached Release, Waiver of Liability and Covenant not to Sue form. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation, or that of my legal minor, in such voluntary athletic or recreational activities. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy and/or my minor participant is covered by a health and accident policy. I have received a copy of this Notice, which I have read and understand. I accept and assume all risks, hazards, and dangers involved in such activities in which I, or my minor, may elect to participate including the training, preparation for and travel to and from the site of such activities.

RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE

The undersigned hereby acknowledges that participation in athletic programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of the Village of Ada allowing the undersigned, or their minor, to participate in voluntary recreational programs or athletic activities in connection therewith, making available to the undersigned, or their minor, for his/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the Municipality, the undersigned participant, and their minor, do hereby waive liability, release and forever discharge the Village of Ada, its Employees, Agents and Officials, its demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in, or in any way connected with, such recreational programs and athletic activities. I further covenant and agree that for the consideration stated above I will not sue the Village of Ada, its Employees, Agents, or Officials for any claim for damages arising or growing out of my, or my minor's, voluntary participation in recreational programs or athletic activities. I understand that the acceptance of this Release, Waiver of Liability and Covenant not to Sue the Village of Ada, its Council members or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Municipality, its Council agents, and employees. Further, I understand that this Release, Waiver of Liability and Covenant not to Sue shall be effective during the entire period of my and my minor's, membership or enrollment in programs and services conducted by the Village of Ada Department of Recreation. I have received a copy of this document and I certify that I am (or my minor participant is) _____ years of age and suffering under no legal disabilities that would preclude safe participation in the activity (ies) and that I have read the above carefully before signing. I verify the signature below is my own and the information listed above is correct. I have read, understand and signed the ASSUMPTION OF RISK AND INSURANCE CERTIFICATION and the RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE, which are mandatory to participate in the Recreation Dept. programs and activities.

Signature

Date