



# COMMUNITY CENTER

## MEMBERSHIP APPLICATION

### CCCC - Liability Waiver

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the "Organization", its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his/her/they personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities of equipment therein, or participating in any program affiliated with the CCCC, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the CCCC Organization premises or in any way observing or using any facilities or equipment of the Organization or participating in any program affiliated with the Organization whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of releases or otherwise while in, about, or upon the premises of the CCCC Organization and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Organization.
4. THE UNDERSIGNED HEREBY PERMITS THE CCCC, KRIS, KIII, KZTV, KORO, The Caller Times, the Corpus Christi Daily and other media outlet to make and use photographic likeness of myself, in a still or video commercial, to be exhibited by television broadcasting/and/or the internet at the said media stations. The material will be used for news and/or CCCC purposes. It will also be utilized in CCCC print materials, and any forms of media release, and or video produced to help the YMCA.
5. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
6. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representation, statements, or inducement apart from the foregoing written agreement have been made.

\*All adults on account must sign below.

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Second Adult for Family Membership)

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# COMMUNITY CENTER

## MEMBERSHIP APPLICATION

### Payment Option 1: Credit Card Account Holder

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Type:  Master Card  Visa  American Express  Discover Card

Card Address: \_\_\_\_\_

### Payment Option 2: Bank Draft (Must Provide A Voided Check)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of Bank \_\_\_\_\_ Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

There will be a recurring credit card/bank transaction on your statement for the amount of \$ \_\_\_\_\_ and the transaction will be processed on the 1<sup>st</sup> of each month.

**Membership Refund Policy:** CCCC memberships are non-refundable

**Membership Cancellation Procedure:** Members who wish to cancel their CCCC draft account must complete a cancellation form and submit it to the CCCC. A notice of this request is required thirty days (30) prior to the authorization draft/debit date.

By signing below I understand and agree to the terms set forth in this agreement and agree to pay, and specifically authorize, the CCCC to charge a monthly amount to be deducted from either my personal checking account, savings account, or credit card. I understand to terminate my monthly draft I will need to provide the CCCC a 30-day written notice. Cancellation forms are provided by the front desk and must be filled out in person. I understand that I will most likely incur one more draft after I have filled out the cancellation form.

\_\_\_\_\_  
Authorized Account Holder's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Official Use Only CCC F.A Approve For: \_\_\_\_\_ %

Member #: \_\_\_\_\_ - \_\_\_\_\_ Type: \_\_\_\_\_

Renew Active: A- \_\_\_\_\_

Trinity ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Ash Fitness: \_\_\_\_\_

Group Name: \_\_\_\_\_ File Checked By: \_\_\_\_\_