



Town of Flower Mound
Community Activity Center Membership Form

Residency:	Membership Plan:	Membership Payment Plan:
<input type="radio"/> Resident	<input type="radio"/> Family	<input type="radio"/> Annual Paid in Full
<input type="radio"/> Non-Resident	<input type="radio"/> Youth (3 - 17)	<input type="radio"/> Monthly Bank EFT <i>Monthly EFTs can only be drafted by checking or savings accounts.</i>
Membership Length:	<input type="radio"/> Adult (18 - 59)	<input type="radio"/> Month Paid in Full
<input type="radio"/> Annual	<input type="radio"/> Senior (60 +)	<input type="radio"/> Day Pass
<input type="radio"/> Monthly	<input type="radio"/> Group Exercise	
<input type="radio"/> Day		

Residency is based on town boundaries, not ISD boundaries.

M/F

Birth date

Relation

Main Family Contact _____

Name _____

Name _____

Name _____

Name _____

All family members must be legal dependants of Primary Contact. Documentation may be requested.

Address _____ Day Phone _____

City _____ Zip Code _____

Email address _____ Evening Phone _____

Email will be used for CAC promotions and contacts only. Some promotions will be through email only.

How did you hear about the CAC? Check all that apply.

Drive By HOA Information Referral _____

Mailer School Information Town Event _____

Town Website Chamber of Commerce Paper _____

Other Internet Site Business _____ Other _____

Staff Received _____ Date _____

Pass Refund and Release Policy

ANNUAL PASS

Non-refundable: For individuals choosing to purchase an annual membership by paying for one year in full, an Annual Pass is non-refundable after a 30-day Opt Out Period.

30-day Opt Out Period: All Annual Pass membership holders have 30 days from the date of purchase of the Annual Pass membership to request a refund. An amount equal to one month's membership, at the current monthly membership rate, will be deducted from the annual pass refund amount at time of refund.

Transferring a Membership: Individual or family annual pass holders may transfer pass to another individual or family. If the individual or family receiving the annual pass is a non-resident of the Town of Flower Mound, they will be required to pay the difference between the resident annual pass fee and the non-resident annual pass fee. If a non-resident annual pass holder is transferring their annual pass to a resident of the Town of Flower Mound, there is no refund for the price difference.

MONTHLY PASS

Non-refundable: For those individuals choosing to purchase a monthly pass, a monthly pass is non-refundable after the date of purchase.

Electronic Funds Transfer: For individuals choosing to pay membership fees via Electronic Funds Transfer, a 30-day written notice is required to discontinue membership. There will not be any refunds for payments made prior to the time of cancellation.

RELEASE POLICY

Email Permission: I do hereby grant permission to the CAC to share the email address on record with a record management company retained by The Town of Flower Mound for informational services for the CAC **only**. I understand that this email address will not be sold or released to any other entities.

Photo and Video Permission: Photos and video footage are periodically taken of participants and spectators in class, during a special event, in an athletic program, and at the Community Activity Center. I hereby understand and agree that these photos and video footage are for the sole use of the Town of Flower Mound, and may be used in any Town of Flower Mound publications, on Flower Mound Television, or on an official Town of Flower Mound Web site. I further understand and agree that all photos are the property of the Town of Flower Mound and will not be distributed to private entities. For more information, please contact us at 972.874.6300 or cac@flower-mound.com.

Signature: _____ Print Name: _____ Date: _____

PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

RELEASE OF LIABILITY

I agree to pay in full the amount specified on my receipt from the department. I also understand that past due payments can be collected through a third party agency.

In consideration for being permitted by the above department to participate voluntarily in the above activity, I hereby waive, agree to release, and discharge any and all claims for damages for personal injury, death, or property damage, which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Town, including its officers, employees, agents, co-sponsors or volunteers, from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of ordinary negligence or carelessness on the part of the persons or entities mentioned above now and forever. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the Town, including its officers, employees, agents, co-sponsors or volunteers, free and harmless from any loss, liability, cost, or expense which they may incur as the result of my death or any injury to myself or property damage that I may sustain while participating in said activity now and forever. I understand that no medical insurance is provided. I hereby additionally consent to my children, as listed on the front, participating in departmentally sponsored events with the same terms as stated above, outlining my own participation, now and forever.

I HAVE CAREFULLY READ THIS AGREEMENT / WAIVER AND SUBMIT THAT I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE ABOVE DEPARTMENT AND MYSELF. I HEREBY FURTHER SWEAR AND AFFIRM THAT I HAVE SIGNED THIS WAIVER AND RELEASE OF MY OWN FREE WILL.

I have read and fully understand and agree to the above **Participant Liability Waiver and Hold Harmless Agreement**.

Print all Participants Names: _____

Signature: _____ Date: _____ Signature: _____ Date : _____

Signature: _____ Date: _____ Signature: _____ Date : _____

Signature: _____ Date: _____ Signature: _____ Date : _____