

**MEADOWBROOK
AQUATIC CENTER
P.O. BOX 10493
BALTIMORE, MARYLAND
21209**

Name (Print or Type) Age DOB M/F Relationship: Parent, son, dau. etc

1.				
2.				
3.				
4.				
5.				
6.				
7.				

ALL INFORMATION MUST BE COMPLETED TO PROCESS YOUR APPLICATION
Please Check the **SEASON AND TYPE OF MEMBERSHIP** you are purchasing

 INDIVIDUAL **FAMILY** (No more than 2 adults and children under the age of 25) **SENIOR**(65 & over)
Note, Please consult rules for fuller explanation of membership types

SUMMER WINTER

We accept as payment **CASH, CHECKS, or CREDIT CARDS** There will be a fee of \$15.00 on any returned checks

Print or Type PLEASE **BILLING INFORMATION**

Name		
Address		
City	State	Zip Code
Home Phone:	Cell Phone:	Work Phone:
Emergency Contact:		Phone

E Mail Address: _____

Credit Card Number _____ - _____ - _____ - _____ **Expiration Date:** ____/____

Name as it appears on the Card: _____ **Today's date** _____

Signature: _____ **Phone Number:** _____

Staff Initials: _____ **Amount:** _____ **Check #** _____ **CF:** _____ **QB:** _____ **Date:** _____

WAIVER

I (we)* hereby agree to participate in a fitness program and/or general exercise activities and/or recreational leisure at the Aquatic Ventures, LLC DBA Meadowbrook Aquatic Center (hereafter Meadowbrook) upon the understanding that:

*hereafter "I" as the subject of each of the following terms will stand as a singular statement by each of the undersigned whether age of majority or minor, whether individual membership or family.

1. I represent to Meadowbrook that I am physically capable of participating in an exercise program and/or activity and/or recreational leisure;
2. I recognize the risk of illness and/or injury inherent in any exercise program and/or activity and/or recreational leisure;
3. I, my heirs, distributees, guardians, legal representatives and assigns will make no claim against, sue, attach the property of, or prosecute Meadowbrook or any agents, employees or invitees for injuries or damages resulting fro the negligence or other action or inaction of Meadowbrook, its agents, employees, and invitees as a result of my participation in the said exercise program and/or activity and/or recreational leisure, and I agree to indemnify and hold Meadowbrook harmless from the same. I hereby waive and release Meadowbrook and my instructor(s) if any from any and all claims, costs, liabilities, expenses or judgments, (including attorney fees and court costs) arising out of my participation in the exercise program and/or activity and/or recreational leisure or and illness and/or injury arising there from.
4. I am aware that this is a release of liability and a contract between myself and Meadowbrook and sign it of my own free will.
5. Parent (s) / Guardian (s) must sign for children who have not reached the age of majority (18).

NO APPLICATIONS WILL BE PROCESSED WITHOUT THE WAIVER SIGNED

List below all who are listed on the application and provide with appropriate signatures and dates. Your application will not be processed without the completion of this form.

Name: _____ Signature: _____ Date _____

Name: _____ Signature: _____ Date _____

Name: _____ Signature: _____ Date _____

Name: _____ Signature: _____ Date _____

Name: _____ Signature: _____ Date _____

Name: _____ Signature: _____ Date _____

Name: _____ Signature: _____ Date _____