Account/Membership #_____

MARINER POINT SWIM CLUB
P.O. BOX 244
JOPPA, MARYLAND 21085
2009 APPLICATION

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 CIRCLE TYPE OF MEMBERSHIP you are purchasing

INDIVIDUAL FAMILY SENIOR

We accept as payment CASH, CHECKS, VISA or MASTERCARD
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: Other Phone:

Emergency Contact: Phone

E-MAIL ADDRESS: _____

NO APPLICATIONS WILL BE PROCESSED WITHOUT THE WAIVER SIGNED

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

Name as it appears on the Card: _____Today's date_____

Signature: _____ Phone Number: _____

WAIVER

I (we)* hereby agree to participate in a fitness program and/or general exercise activities and/or recreational leisure at the Mariner Point Aquatic Properties, LLC (hereafter Mariner Point) 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 Mariner Point 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 Mariner Point or any agents, employees or invitees for injuries or damages resulting fro the negligence or other action or inaction of Mariner Point, 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 Mariner Point harmless from the same. I hereby waive and release Mariner Point 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 Mariner Point 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).

List below all who are listed on the application for Summer 2009 and provide with appropriate signatures and dates. You 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