



Application Form



Your Insurance Card will be required and a copy will be made when a **new** membership application is received.

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Preferred Phone () _____ Male _____ Female _____

Other Phone _____ Age _____ Birthdate _____

E-Mail _____ Barcode # _____

Current Member (Y/N) _____

Emergency Contact Name _____

Contact Number _____ Date _____

ID Number _____

Staff Initials: _____

RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to enter the Cape Carteret Aquatic & Wellness Center for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and represents that he or she has, or immediately entering, will inspect such premises and facilities. It is further warranted and such entry into the Cape Carteret Aquatic & Wellness Center for observation, participation or use of any facilities or equipment constitute and acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use.

IF FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER Cape Carteret Aquatic & Wellness Center FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: 1. Cape Carteret Aquatic & Wellness Center, its directors, officers, employees and agents (hereinafter referred to as "releasee(s)") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore 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 or equipment therein.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasee(s) 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 Cape Carteret Aquatic & Wellness Center premises or in any way observing or using any facilities or equipment of Cape Carteret Aquatic & Wellness Center whether caused by the negligence of the releasee(s) or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of releasee(s) or otherwise while in, about or upon premises of Cape Carteret Aquatic & Wellness Center and/or while using the premises or any facilities or equipment hereon.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE; I ALSO AGREE TO ABIDE BY ALL CENTR POLICIES AND RULES:

Signature

Date

Print Name