

## 16. Agreement Confirmation

**I HEREBY ATTEST THAT I HAVE READ THE ABOVE DOCUMENT, AND BY SIGNING THE SIGNATURE PAGE AGREE TO ADHERE TO THE PROVISIONS IN AND OF THIS DOCUMENT**

**I ACKNOWLEDGE THAT, IN SOME CASES, NONCOMPLIANCE WITH THE POLICIES STATED IN THE AFOREMENTIONED DOCUMENT MAY RESULT IN TERMINATION OF MY MEMBERSHIP WITHOUT REFUND, AND THAT I MAY NOT BE ALLOWED TO RETURN.**

### MODEL RELEASE FOR PHOTOGRAPHY AND/OR VIDEO IMAGERY

\_\_\_\_\_ I hereby grant permission                      \_\_\_\_\_ I hereby do not grant permission

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Name (Print)

For individual memberships for those under 18 years of age, a parent or guardian must sign on the member's behalf.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print)

### Parent/Guardian Contact Information

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

Email Address: \_\_\_\_\_

Home Address,  
Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Telephone #: \_\_\_\_\_ Other #: \_\_\_\_\_

# 17. Membership Registration

## **Primary Member Contact Information:**

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

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address, Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Telephone #: \_\_\_\_\_ Other #: \_\_\_\_\_

**(Optional) Medical Condition/Alerts:** \_\_\_\_\_

## **Member's Emergency Contact Information:**

1. Name: \_\_\_\_\_

Relationship: Spouse/partner  Sibling  Child  Parent  Other Family  Friend

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Primary Contact Telephone #: \_\_\_\_\_ Other #: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: Spouse/partner  Sibling  Child  Parent  Other Family  Friend

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Primary Contact Telephone #: \_\_\_\_\_ Other #: \_\_\_\_\_

## **GoCreate Membership Dues & Schedules (choose one):**

Type	Price Per Month
<input type="checkbox"/> Public/Regular	\$ 125
<input type="checkbox"/> Military (Active & Veteran) / Senior Citizen	\$ 99
<input type="checkbox"/> Student/Staff/Educator	\$ 83
<input type="checkbox"/> Corporate Membership (see Employer Information)	\$Varies
<input type="checkbox"/> Household (see add Family Members)	\$ 50 (Additional)
<input type="checkbox"/> Membership Assistance	

**Parking Registration:**

Type of Plate	State	License Plate No.	Make (Ford)	Style	Color
_____	_____	_____	_____	_____	_____

**Employer Information:**

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address #2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Employment: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Contract: \_\_\_\_\_

**Add Family Members:**

Name	Relationship	Date of Birth	Employer/School	User ID#

**Add Locker Service:**

Type	Price Per Month
<input type="checkbox"/> Rolling Locker	\$ 20
<input type="checkbox"/> Standing Locker	\$ 15

**Add Additional Parking Permit(s):**

Type of Plate	State	License Plate No.	Make	Style	Color

For Office Use Only

Monthly Amount: \_\_\_\_\_ Payment Method: *Bank Draft*    *Credit Card*

Prorated Amount: \_\_\_\_\_ Total Amount Paid: \_\_\_\_\_

Date Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_    1st Date to be charged or drafted: \_\_\_\_\_

Staff Initials \_\_\_\_\_    Verify ID # \_\_\_\_\_