Membership Form — Hilliard Social Center

The Well — Hilliard Recreation and Wellness Center

3993 Cosgray Rd. Hilliard, Ohio 43026

(614) 876-0747 I $15 R / $30 NR per person

Today's Date: _____ ☐ New Member ☐ Renewal

Mr./Ms. _____ Birthdate: _____

Mr./Ms. _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email : _____

Emergency Medical Information

Please list any current medications and/or information about medical concerns:

_____

_____

Please list any allergies (medical, food, environmental, etc.) or special medical concerns:

_____

_____

Family Physician: _____ Phone Number: _____

In Case of Emergency, Please Notify:

Name: _____ Phone Number: _____

Relationship: _____ Cell Phone Number:_____

Important Information — Please Read and Sign Below

The Waiver and Release of Liability, Code of Conduct, and Membership Agreement are located on the reverse side of this form. By signing below, you acknowledge that you have reviewed these documents. If you would like a printed copy for your records, please ask a staff member.

Signature: _____ Date: _____

Signature: _____ Date: _____

WAIVER AND RELEASE OF LIABILITY

By signature hereof, I/my child/child for whom I am the legal guardian, agree to assume all liability for, and agree to save, indemnify, defend, and hold harmless the City of Hilliard, Ohio, its elected officials, officers, employees, agents, subcontractors, and volunteers from and against any and all claims or demands of any sort or nature for damage or injury to persons or property caused by me/my child/child for whom I am the legal guardian or to me/my child/child for whom I am the legal guardian during use of or participation in Facilities, Memberships, Open Gyms, Classes, Programs, Activities, or Trips, which are sponsored by the Hilliard Recreation and Parks Department. I understand that my/my child's/child for whom I am the legal guardian's participation in the Program/Activity carries a degree of risk, including foreseeable and unforeseeable injury to myself/my child/child for whom I am the legal guardian and I knowingly and voluntarily assume this risk. I also understand and agree that I alone am responsible for monitoring my/my childs/my legal guardian's health and determining that my/my child's/child for whom I am the legal guardian's overall health is suitable for the Program/Activity for which I/my child/my legal guardian is participating.

I further hereby consent and voluntarily agree specifically to (1) waive and release any and all claims of any sort or nature that I/my child/child for whom I am the legal guardian may have against the City, its elected officials, officers, employees, agents subcontractors and volunteers, for any personal injury, bodily injury or death, and for any property damage or loss suffered by me/my child/child for whom I am the legal guardian regardless of the cause thereof, and I (2) agree to hold harmless and indemnify the City from any and all claims or demands of any kind or nature for any personal injury, bodily injury, death, or property damage or loss caused by my/my childs/child for whom I am the legal guardian's actions or inaction while participating in the Program/Activity sponsored by the Department of Recreation and Parks.

CODE OF CONDUCT

By participating in activities at the facility/ies, I agree to treat all individuals with respect, promoting a welcoming and inclusive environment. Harassment or discrimination of any kind will not be tolerated. I acknowledge that I must be in good health to participate, wear appropriate attire, and follow all safety guidelines. Maintaining cleanliness and hygiene is expected, including cleaning equipment after use and disposing of trash properly. I will use equipment properly, share when necessary, and report any damages. Noise levels should be kept reasonable, personal music must be played through headphones, and disruptive behavior is not permitted. Facility rules, designated areas, and supervision requirements for minors must be followed. Personal belongings should be stored appropriately, and the facility is not responsible for lost or stolen items. For group activities, I agree to arrive on time, sign up if required, and be respectful to instructors and participants. When using the pool, I will follow posted rules, shower before entering, wear appropriate swimwear, and ensure children are supervised. All staff instructions must be followed, and failure to comply may result in removal from the facility.

The use of alcohol, drugs, and tobacco is strictly prohibited. Any violation of these policies may result in warnings, suspension, or permanent removal from the facility. Serious offenses may be reported to the appropriate authorities.

MEMBERSHIP AGREEMENT

Outdoor Pool, HSC, and Well memberships are nonrefundable and nontransferable. Well memberships are auto renewed either monthly or annually based on the type of purchase, charged to the card on file provided at the time of purchase. Returned checks, declined card transactions, or other failed auto-renewal payments may incur a $30 chargeback fee. Well Annual Members who do not wish to renew their membership must visit in person to submit a cancelation request at least 30 days prior to their annual renewal date. Well Monthly Members who do not wish to renew their membership must visit in person to submit a cancelation request at least 15 days prior to their monthly renewal date. All membership renewal cancellations reflect a $25 cancellation fee.

Well Annual Members may request to pause their membership under circumstances of injury, relocation, or other personal circumstances, such as family emergencies, personal health issues, travel, or military deployment. Documentation may be requested to verify the nature of the circumstance and are approved at the discretion of the Hilliard Recreation and Parks Department. Membership may be suspended or revoked for non-payment, rule violations, disruptive behavior, misuse of membership, property damage, health and safety violations, use of prohibited substances, or failure to follow staff instructions. Serious misconduct, including harassment, fraud, or refusal to comply with facility policies, may result in immediate termination. Reinstatement may be considered