

**IDA GROVE COMMUNITY REC CENTER
311 BARNES STREET
IDA GROVE, IA. 51445
(712) 364-3716**

MEMBERSHIP AGREEMENT

Last Name: _____ First Name: _____
Address: _____
Spouse's Name _____ Phone #: _____
Children _____

MEMBERSHIP TYPE

_____ Family _____ Couple _____ Single
_____ College Student _____ Student _____ Senior Couple
_____ Senior Single _____ Single Parent Family
_____ Corporate Membership _____
(business name)

LENGTH OF MEMBERSHIP REQUESTED

_____ 1 Year _____ 6 Month _____ 4 Month

I (We) apply for membership to the Ida Grove Community Recreation Center. I(We) have read and received a copy of the REC Center rules and agree to follow all of those rules. I(We) understand that the REC Center may change the rules, at any time, and I (we) will follow any new rules of the REC Center.

CHILD/PARENT LIABILITY WAIVER

I (We), in behalf of myself (ourselves) and my (our) children, guests, and wards, assume all risks and hazards incidental to participation by us and our children, guests, and wards, in all REC Center activities, both inside and outside of the REC Center, whether as participant, spectator, bystander, coach, referee, or otherwise, including transportation to and from all activities. I (We) hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Ida Grove, the Battle Creek-Ida Grove School District, Ida Grove Economic Development Corporation, and all employees, members, volunteers, participants, donors, sponsors, coaches, managers, and referees of any of those organizations, all persons or groups providing places for practices or games for REC Center activities, and persons transporting me (us) and my (our) children, guests, and wards to and from activities, for any claim for damages or any claim arising out of injury to me (us) for my (our) children, guests, or wards, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I (We) agree not to sue or make any claim against the REC Center or any of the others listed above for any injuries to myself (ourselves) or our children, guests, or wards, except to the extent and in the amount covered by accident or liability insurance.

I (We) understand that physical condition may limit a person's physical activities. I (We) have received advice from a physician concerning all activities I (we) and my (our) children, guests, and wards will undertake that I (we) and they are capable of such physical activities, or I (we) will seek such advice and assume the risk of proceeding without such advice. I (We) understand and agree that I am (we are) responsible for all of our personal property at the REC Center or REC Center activities and that the REC Center will not be responsible for any theft or loss of personal property at the REC Center or REC Center activities.

Dated: _____
(17 yrs. Or younger needs signature of parent or guardian)

Dated: _____
Spouse