



Versailles-Woodford Co. Parks
 275 Beasley Drive
 Versailles, KY 40383
 Phone: 859-873-5948
 Fax: 859-873-7708

Silver Membership Form

Primary Age Birth Date Home Phone

Street Address City State Zip Work/Cell Phone

Spouse's Name (if applicable) Age Birth Date Work/Cell Phone

Email Address

Household Members Names

_____	_____	_____	_____	_____	_____
Name	Age	DOB	Name	Age	DOB
_____	_____	_____	_____	_____	_____
Name	Age	DOB	Name	Age	DOB
_____	_____	_____	_____	_____	_____
Name	Age	DOB	Name	Age	DOB

_____	_____	_____	_____
Emergency Contact	Relationship	Home Phone	Work/Cell Phone

Pass & Payment Information

Type of Pass: ___Family ___Individual ___Couple Fee Amount _____

Senior Discount: ___Yes ___No *(must be over 60 years of age to be eligible)*

Monthly payments will be drafted on the 25th of each month via credit/debit card or bank draft.

Please check method of payment for monthly drafts:

_____ **Credit/Debit Card**

Name as appears on card: _____

Type of Card: _____

Card Number: _____

Expiration Date: _____ CVC Code: _____

Card Holder Signature: _____

_____ **Bank Draft**

Name on Account: _____

Name of Bank: _____

Account Number: _____

Routing Number: _____

Account Holder Signature: _____

Member Name: _____

Draft Amount: _____

(Account will be drafted on the 25th of each month)

Silver Membership Terms and Conditions of Agreement

Terms of Silver Membership and Cancellation Policy: I, the buyer, agree to maintain my status as a Silver member for a period of 12 months. I understand that I cannot cancel my membership within the first 12 months unless one of the following occur: (A) My death or (B) A medical disability certified in writing to the Parks and Recreation Department stating that I am unable to use a substantial portion of the facilities or services. I understand that if I cancel my membership for any reason other than stated above I will be charged a cancellation fee of double the monthly rate for my membership type. I also understand that all cancellations must be made in person during regular office hours.

Suspension Policy: I understand that I may suspend and restart my membership for a 90 day period once per pass contract year for a \$25.00 fee.

Renewal Policy: I understand that by having a Silver membership I am paying on a monthly basis and that my membership status and monthly drafts will **automatically continue even beyond the initial 12 month period**. I understand that it is my responsibility to notify the Parks and Recreation Department of my desire to **cancel in writing 15 days** prior to the draft date for the month in which I desire to cancel.

Service Fee Charge: I understand that there will be a service charge of \$20.00 for any returned check or insufficient funds on any auto debit transactions.

Private Use Clause: I understand that the use of my membership or this facility for private financial gain is STRICTLY PROHIBITED. Violators may be subject to forfeiture of their membership and/or loss of user privileges.

Photography/Video Consent: I understand and give my permission for Falling Springs Arts and Recreation Center and the Versailles-Woodford County Parks and Recreation Department to use any photos and/or videos obtained of myself, spouse, and any minor children listed on my pass for promotional purposes.

Informed Consent: I understand that Falling Springs Arts and Recreation Center (FSARC) offers a variety of activities. These activities include aerobics, walk/jog, weight training, aquatics, recreation type activities, and many more. In healthy individuals the risk during exercise is less than the risk of not exercising and I realize there is inherent risk in any vigorous physical conditioning program or activities that may take place at FSARC. These risks may include: bruises, sprains, and strains, along with more serious cardio respiratory problems, and a variety of less serious injuries.

I agree to follow all Falling Springs Arts & Recreation Center's rules. I also understand that the employee's are to help me enjoy fun and safe activities here at FSARC. I am aware that not abiding by or following the rules and recommendations given by given by FSARC employees' may result in serious injury. I also agree to inform the FSARC staff of any significant changes in my health status.

Rules & Regulations: I understand and agree that any failure on my part or on the part of any user listed on my membership, to follow the rules and regulations of the center may result in suspension or revocation of the user's privileges.

Waiver of Liability: I, the undersigned, hereby waive any and all claims that I may have against the Versailles-Woodford County Parks and Recreation Department, Woodford County or the City of Versailles and the agents, employees, directors, board members, magistrates, council members, and officers of these entities for any loss I may suffer arising out of the use of the facilities both inside and outside of the Falling Springs Arts and Recreation Center. I agree to indemnify and hold harmless the above parties from and against any and all liability for damages arising from injuries to my person or damage to my property occasioned by any acts or omissions of the above parties including all expenses, legal or otherwise. I, the undersigned, acknowledge reading the foregoing and fully understand the same. This waiver applies as concerns them and on behalf of minor children who use my facility pass as well.

I, the undersigned, understand and agree to the terms and conditions as stated above.

Primary Pass-holder Signature: _____ Date: _____

Other adult under family plan: _____ Date: _____