

FWCC MEMBERSHIP AGREEMENT

#: _____

PRIMARY MEMBER: _____ DATE OF BIRTH: _____ AGE: _____ M/F: _____
1. _____

ADDITIONAL MEMBERS: _____ DATE OF BIRTH: _____ AGE: _____ M/F: _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

ADDRESS: _____ UNIT/APT #: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ ALT. PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

12-MONTH (Paid in full)

Cancellation: If cancellation of this membership is desired before the 12-month period has been fulfilled, I agree to submit a written notice of intent to cancel and that confirmation of that notice must be given by the FWCC. I understand that an early cancellation fee of \$50.00 must be submitted for the cancellation request to be processed.

12-MONTH (Paid monthly)

“At Your Best” confirmation #: _____

Payment: I agree to pay the FWCC a recurring monthly fee, for a minimum of 12 months. **It is understood that this membership option is continuous and will renew on a monthly basis until written notice of cancellation is given to the FWCC.** Payment will be deducted each month on or around the date of sign-up with two options for payment:

1. Automatic Debit/Credit Payment: Payment automatically charged to your debit/credit card. Member agrees to notify FWCC of any debit/credit card account changes that would prevent or prohibit timely payments.

Cancellation: I agree to submit a written notice of intent to cancel and that confirmation of that notice must be given by the FWCC. I understand that I will be financially obligated to pay for the final month’s membership fee, including any existing balance related to this membership. Early cancellation of this membership, in which the initial 12-month commitment has not been fulfilled, will require a \$50.00 early cancellation fee to be submitted for the cancellation request to be processed. The FWCC reserves the right to cancel this membership due to missed payment and/or delinquent balances.

MONTH-TO-MONTH (Paid monthly)

“At Your Best” confirmation #: _____

Payment: I agree to pay the FWCC a recurring monthly fee. **It is understood that the minimum duration for this type of membership is a full 30 days. This membership option is continuous and will renew on a monthly basis until written notice of cancellation is given to the FWCC.** Payment will be deducted each month on or around the date of sign-up with two options for payment:

1. Automatic Debit/Credit Payment: Payment automatically charged to your debit/credit card. Member agrees to notify FWCC of any debit/credit card account changes that would prevent or prohibit timely payments.

Cancellation: I agree to submit a written notice of intent to cancel and that confirmation of that notice must be given by the FWCC. I understand that I will be financially obligated to pay for the final month’s membership fee, including any existing balance related to this membership. The FWCC reserves the right to cancel this membership due to missed payment and/or delinquent balances.

TERMS & CONDITIONS

Membership: I agree to pay the Federal Way Community Center (FWCC) a membership fee for the duration of this Agreement. Applicable membership fees are payable at the time of registration. The membership fee is non-transferable and all members 18 years of age and over listed on this agreement will be held liable for any financial obligation, regardless of whether or not they utilize the facility. Members will not be credited due to lack of use of the FWCC, unavailability of the FWCC due to routine/scheduled maintenance (up to two weeks in duration), or if maximum occupancy has been reached. Members will be notified of any change in membership fees at least 30 days prior to the change taking effect.

Enrollment Fee: Any enrollment fees will be due upon sign up and are non-transferable and non-refundable.

Amendment: The primary member has the sole authority to amend the selected membership type and/or change the individuals listed as additional members. Any amendment will incur a \$5.00 administrative fee per occurrence and will be due at the time of request.

Suspension: A suspension may be placed on any membership with a minimum 14 day/maximum 180 day duration. Suspension time will not be considered as part of the initial 12 month commitment on the 12 month agreement (paid monthly). Suspension requests must be submitted in writing at least one week prior to the desired start date to ensure the requested date of the suspension will be honored. A \$5.00 administrative fee is due at the time of request.

Facility Use and Rules:

1. In consideration for such payment, members shall be entitled to full use of facilities/programs included in the specific type of membership type selected. *Note: Schedules are subject to change.*
2. Usage by all members shall be subject to the rules, regulations, and posted hours of the FWCC. The FWCC reserves the right to suspend or cancel any membership for violation of the posted rules and regulations of the facility. Any changes in rules, regulations or policies will be made at the discretion of the staff and will be posted.
3. Membership cards will be provided for each member and must be presented upon each entry into the FWCC. Failure to present a valid membership card may result in denial from entry and/or the need to purchase a new membership card. A \$5.00 fee will be charged per replacement card.

Property Loss: I understand that the FWCC and the City of Federal Way are not responsible for personal property lost, damaged, or stolen while using FWCC facilities or on FWCC program premises.

Insurance: I understand it is my responsibility to provide for myself and the members of my household accident and health coverage while participating in all FWCC activities. The FWCC does not provide accident or health insurance for its participants.

Medical Release: I authorize the FWCC, as my agent, to give consent for myself or the members of my household, to provide medical treatment by a licensed physician or hospital when such treatment is deemed necessary and I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the FWCC to give first aid, CPR or other treatment by a qualified staff member.

Release of Liability: I accept that the usage of the FWCC's services, equipment, and facilities is undertaken at my own risk and I assume all risks and hazards associated with these services, equipment, programs (including transportation to and from activities/programs) and facilities. In case of injury, I do hereby waive all claims or legal actions, financial or otherwise, on my behalf, those of my household, and any guests against the FWCC, the City of Federal Way, its organizers, sponsors, supervisors, or any volunteer connected with the program unless injury is caused by the sole negligence of the FWCC or City of Federal Way. In absence of signature, payment fees and participation in the FWCC, its services, equipment, and facilities shall constitute acceptance of the conditions set forth for any purpose.

Acceptance: This waiver and release is given on behalf of me, the members of my household, and any guest. I acknowledge that I have read and agree to the payment and cancellation terms of the membership/payment type selected, as well as the terms and conditions stated above.



Signature (If primary member is a minor, parent/guardian must sign)



Initials

Date