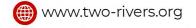


PARKS AND RECREATION

1520 17th Street P.O. BOX 87 Two Rivers, WI 54241-0087

Key Card Number: ____ D.O.B: _____ Phone: Email: **Emergency Contact:** Name: _____ Phone: ____ **Membership Type:** ☐ Annual Adult Resident (18-54) \$95.00 + tax☐ Adult Joint Annual Resident *MUST be 2 Adults (18-54) providing same household ☐ Annual Adult Non-Resident (18-54) resident address on ID* \$142.50 $175.00 + \tan x$ ☐ Annual Senior Resident (55+) ☐ Adult Joint Annual Non-Resident \$65.00 + tax*MUST be 2 Adults (18-54) providing same household address on ID* ☐ Annual Senior Non-Resident (55+) \$262.50 + tax\$97.50 + tax☐ Family Annual Resident *MUST be 2 Adults (18-54) and 2 Students (16-18) \square Monthly Adult (18 – 54) providing same household resident address on ID* \$25 + tax\$295.00 + tax☐ Monthly Senior (55+) ☐ Family Annual Non-Resident \$15 + tax*MUST be 2 Adults (18-54) and 2 Students (16-18) providing same household on ID*





☐ Daily Pass

\$5



\$442.50 + tax



I understand and agree that in many recreational activities, or the use of unfamiliar facilities or equipment, accidents can and do occasionally occur. I am aware of these inherent risks and take full responsibility for any injuries that I may sustain as a result of my involvement in any Two Rivers Parks & Recreation Department "municipality" recreational activities or use of the City of Two Rivers "municipality" recreational facilities. I further release and hold harmless the municipality, its agents and employees, from any and all claims, for any responsibility, liability, penalty, forfeiture, suit, cost and expenses (including attorney's fees), with respect to any and all injuries and claims resulting from any and all recreational activities, or the use of and all recreational facilities of the municipality even if the same should arise from the negligence of the municipality. This agreement will remain in full force and effect until receipt is acknowledged by the Two Rivers Parks & Recreation Department of a revocation of this Relinquishment of Claims, Release and Hold Harmless Agreement.

FITNESS CENTER MEMBERSHIPS ARE NON-REFUNDABLE.

Damages: I understand the conditions of this application and agree to pay for any damage arising from use of this City facility. The individual or group agrees to be responsible for any damage caused to the event venue or its property during the rental. Any damage will be assessed by the City and the cost of repair or replacement will be invoiced to the individual or group. The individual or group agrees to pay for any damage within 30 days of receiving the invoice. If damage occurs during the event, the individual or group must notify the City immediately. The City will assess the damage and provide an estimate of the repair or replacement cost within a reasonable time frame. The individual or group agrees to cooperate fully with the City to resolve any damage claims. If the individual or group fails to pay for damages within 30 days of receiving the invoice, the City may refuse to allow the individual or group to book any future events until the damages are paid in full. My signature and/or payment indicates my agreement with these terms.

Signature of Membership H	older		
X		Date:	
	Exp Date:	Total:	