MENOHER SWIM CLUB

464 Ligonier Pike, Johnstown, PA 15905
814-792-5850
MenoherSwim@gmail.com

Membership Application Form

Name: _____ Birthdate: _____

Address: _____

Phone: _____

E Mail: _____

Spouse: _____ Birthdate: _____

Dependent: _____ Birthdate: _____

Dependent: _____ Birthdate: _____

Dependent: _____ Birthdate: _____

Dependent: _____ Birthdate: _____

Dependent: _____ Birthdate: _____

Dependent: _____ Birthdate: _____

Emergency Contact Information: Please list someone other than the persons listed above who can be reached for any of the family members.

Name: _____

Phone: _____

Special Information: _____

Type: Family _____   Couple _____   Single _____

LIABILITY RELEASE, WAIVER OF CLAIMS, ASSUMPTION OF THE RISK AND INDEMFNIFICATION FORM MENOHER HEALTH CLUB, INC., KNOWN AS THE MENOHER SWIM CLUB

In consideration for being allowed to use the swimming pool and other facilities of the Menoher Health Club Inc., commonly referred to as the Menoher Swim Club and for good and valuable other consideration, sufficiency of which is hereby acknowledged:

I, the undersigned member, understand that during my use of the pool facilities involves certain risks including but not limited to the following:

(OVER)

a. The risk of injury or death resulting from possible malfunction of the pool equipment;
b. The risk of injury or death resulting from tripping or falling over obstacles in the pool area;
c. The risk of injury or death resulting from swimmers colliding;
d. The risk of drowning.

I recognize and fully understand that the above list is not a complete and exhaustive list of all possible risks; the list only provides examples of types of risks that I am assuming.

In exchange for the Menoher Swim Club allowing me to be a member and use the facility and bring guests to the facility, I hereby agree to the conditions below and I fully intend and choose to give up the legal rights stated below:

1. WAIVE ANY AND ALL CLAIMS AND RELEASE FROM LIABILITY. - I agree to waive and release Releasees (defined below) from any and all claims, demands, losses, damages, expenses, injuries, illnesses and liabilities, including death, that I have or may have in the future against the Menoher Swim Club, its directors, officers, employees, agents or representatives (hereinafter referred to as the "Releasees") relating to my use of the Menoher Swim Club facilities.

2. INDEMNIFICATION- I agree to indemnify, release and hold harmless Menoher Swim Club and its Releasees from any and all claims, demands, losses, damages, expenses, injuries, illnesses and liabilities, including death, resulting from my use and the use of any of my immediate family, guests and invitees relating to the use of the pool.

3. I am over the age of eighteen and am a member in good standing of the Menoher Swim Club.

4. The Waiver, Release and Agreement is fully effective and shall be effective an binding upon me, and my heirs, next of kin, executors, administrators and assigns or anyone else authorized to act on my behalf or on behalf of my estate.

5. To the extent any of my family members are under the age of eighteen (18) ("Minor Participant") by executing this Waiver, Release and Agreement, I hereby release and hold harmless Menoher Swim Club and its Releasees from any and all claims, demands, losses, damages, expenses, injuries, illnesses and liabilities, including death, resulting from the Minor Participant's use of the pool.

I HAVE READ AND UNDERSTAND THIS DOCUMENT. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM WAIVING CERTAIN LEGAL RIGHTS THAT I MAY HAVE AGAINST THE RELEASEES, AND I FULLY AGREE TO DO SO.

THE UNDERSIGNED, AS THE HEAD OF THE FAMILY, HEREBY CONSENTS TO, AGREES WITH, AND JOINS IN THE WAIVER AND RELEASE OF LIABILITY ON BEHALF OF HIMSELF OR HERSELF AND ALL FAMILY MEMBERS LISTED ON THIS APPLICATION, ALL OF WHOM SHALL BE BOUND BY THIS RELEASE.

NOTE: By signing below, you agree to membership contingent with the club rules and regulations. Rules will be enforced by club employees, and non-compliance of our rules may result in revocation of club membership, at the discretion of the management. We will be happy to provide you with a copy of our rules at your request. Thank you.

SIGNED:

_____   _____
Member Signature   Date