

AUGUSTA HILLS



Learning, Recreation & Community Center

2022 MEMBERSHIP APPLICATION

Date: _____ Name: _____

All Memberships include:

- Unlimited use of gymnasium / equipment during open gym
- Unlimited use of track during operating hours
- Unlimited access to The Lodge community room
- Discounts on classes & rentals
- Free hi-speed WIFI access

Choose a One-Year Membership option:

_____ Adult (19-64)	\$110
_____ Senior (65+)	\$88
_____ Family*	\$330
_____ Child (3-18)	\$55

Ages two & under are free.

Ask about our Corporate Membership Packages!

*Includes two adults & two children at the same, shared address.

Names on Membership:

Adult Name 1: _____ Birth Date: _____

Adult Name 2: _____ Birth Date: _____

Member 1: _____ Birth Date: _____

Member 2: _____ Birth Date: _____

Member 3: _____ Birth Date: _____

Member 4: _____ Birth Date: _____

Household Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ 2nd Phone: _____

Email: _____

Your email will be used only for communication about your membership and to send occasional news about Augusta Hills LRCC programs and events. You may opt out of email communications at any time. Your address will not be sold or shared.

Primary member name: _____

Emergency Contact: _____ Phone: _____

Automatic Bank *OR* Credit Draft Authorization for Membership

I, _____, authorize Augusta Hills Learning, Recreation and Community Center (Augusta Hills LRCC) to charge my account on a monthly basis for my membership fees. This agreement shall remain in effect until Augusta Hills LRCC has received written notification of cancelation, or Augusta Hills LRCC has cancelled the membership, at least 15 days prior to my next draft date.

EFT from: Savings Checking

- Bank Name: _____
- Bank Account #: _____
- Bank Routing #: _____

Credit Card: Master Visa Discover

- Credit Card #: _____
- Expiration Date: _____ CID _____
- Signature: _____

Please Initial: _____ Bank drafts occur on the original date (day) of purchase each month and I understand that it is my responsibility to check my monthly statement and report any corrections to Augusta Hills LRCC immediately.

Please Initial: _____ I understand this authority will remain in effect until Augusta Hills LRCC cancels, or receives written notification to cancel, the membership 15-days prior to termination. Membership cards will be returned at that time.

Please Initial _____ I understand that there are no refunds given.

Please Initial _____ I understand replacement of lost membership card(s) is \$5.00 per card.

Waiver of Liability:

I, the undersigned, understand that Albion Community Center, dba Augusta Hills LRCC, assumes no responsibility for injuries, which I or anyone on my membership sustains as a result of my or anyone's physical condition or resulting from participation in any activities, programs, exercise, or the use of any facility, equipment or other activities conducted in or organized or sponsored by Augusta Hills LRCC. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining or using Augusta Hills LRCC, I hereby voluntarily release and discharge the Augusta Hills LRCC, its agents, servants and employees from any and all claims for injury, death, loss or damage that I or anyone on my membership may suffer. I understand that Augusta Hills LRCC is NOT responsible for personal property, lost or stolen while members/and or program participants are using the facility or are on the Augusta Hills LRCC premises. I also give permission to the Augusta Hills LRCC to use without limitation or obligation, photographs, video footage, tape recordings or other media that may include my image or voice for purposes of promoting or interpreting the Augusta Hills LRCC programs.

Code of Conduct:

Augusta Hills LRCC is an organization committed to the values of inclusiveness, healthy lifestyles, affordable, learning, and fun. We expect people to treat others with respect as well as members to respect the property.

Signature: _____ Date: _____

Please return completed application & payment (if applicable) by mail or in person.