



# Airway Heights Parks & Recreation

(509)244-4845 | 11405 W Deno Rd Airway Heights, WA 99224 | [www.ahparksandrec.org](http://www.ahparksandrec.org)

## MEMBERSHIP CONTRACT

### ACCOUNT HOLDER INFORMATION

\* Required field \*\* Standard text messaging rates may apply

+ Proof of residency is required to receive resident rate via current City water bill, tax form, or approved piece of mail

* First Name:		MI:	* Last Name:		Suffix:
* Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	* DOB (mm/dd/yy):		Insurance Program: _____	Verification Number: _____	
* Street:		* City:	* State:	* Zip Code:	
Eligibility: <input type="checkbox"/> * Airway Heights Resident <input type="checkbox"/> Active Duty Military <input type="checkbox"/> Airway Heights Employer:					
* Phone 1:		* Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		** Carrier (Opt-In for text alerts):	
* Primary Email:			Additional Email:		
Email Notifications (Opt-In): <input type="checkbox"/> Courtesy Notices <input type="checkbox"/> Critical Announcements <input type="checkbox"/> Upcoming Events					

### MEMBERSHIP TYPE

\*\*\*Monthly memberships require first month at time of signup and auto-billing is done on the 5<sup>th</sup> or 20<sup>th</sup>. A prorated amount can be paid to start before either of these dates.

**\*\*PRICES DO NOT INCLUDE TAX\*\***

	Youth	Adult	Senior	Family
<b>Daily</b>	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$9.00	<input type="checkbox"/> \$8.00	
<b>Monthly ***</b>	<input type="checkbox"/> \$32.00 – Resident <input type="checkbox"/> \$38.00 – Non Resident	<input type="checkbox"/> \$47.00 – Resident <input type="checkbox"/> \$59.00 – Non Resident	<input type="checkbox"/> \$37.00 – Resident <input type="checkbox"/> \$46.00 – Non Resident	<input type="checkbox"/> \$80.00 – Resident <input type="checkbox"/> \$99.00 – Non Resident
<b>Semi Annual</b>	<input type="checkbox"/> \$172.00 – Resident <input type="checkbox"/> \$209.00 – Non Resident	<input type="checkbox"/> \$252.00 – Resident <input type="checkbox"/> \$323.00 – Non Resident	<input type="checkbox"/> \$201.00 – Resident <input type="checkbox"/> \$252.00 – Non Resident	<input type="checkbox"/> \$457.00 – Resident <input type="checkbox"/> \$545.00 – Non Resident
<b>Annual</b>	<input type="checkbox"/> \$344.00 – Resident <input type="checkbox"/> \$416.00 – Non Resident	<input type="checkbox"/> \$516.00 – Resident <input type="checkbox"/> \$645.00 – Non Resident	<input type="checkbox"/> \$402.00 – Resident <input type="checkbox"/> \$502.00 – Non Resident	<input type="checkbox"/> \$874.00 – Resident <input type="checkbox"/> \$1,099.00 – Non Resident
<b>10 Punch Pass</b>	<input type="checkbox"/> \$53.00 – Resident <input type="checkbox"/> \$59.00 – Non Resident	<input type="checkbox"/> \$73.00 – Resident <input type="checkbox"/> \$83.00 – Non Resident	<input type="checkbox"/> \$63.00 – Resident <input type="checkbox"/> \$71.00 – Non Resident	

Family memberships are defined as one or two adults living in the same household and up to three dependents listed on the adult's tax return. Any additional dependents may be added to a family membership at \$12.00 per additional dependent.

### ADDITIONAL ACCOUNT MEMBERS

(All account members must be listed on current account holder's tax documentation to be included in a family membership)

* First & Last Name:	* Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	* DOB (mm/dd/yyyy):
* First & Last Name:	* Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	* DOB (mm/dd/yyyy):
* First & Last Name:	* Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	* DOB (mm/dd/yyyy):
* First & Last Name:	* Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	* DOB (mm/dd/yyyy):

### ACCOUNT MEMBER MEDICAL INFORMATION

### EMERGENCY CONTACT

Please provide specific facts concerning account member's medical history **including allergies**, medications being taken, chronic illness, or other conditions that a physician or emergency responder should be aware of:

Provide the name and phone number of an emergency contact not listed under this membership in the event of an emergency. Also include their relation to the account holder.

Name:

Number:

Relationship:

### ACCOUNT MEMBER NOTES

General interest for future programming as well or any other information:

**CITY OF AIRWAY HEIGHTS**  
**PARTICIPANT AGREEMENT, WAIVER, AND RELEASE OF LIABILITY**

- 1. RELEASE OF LIABILITY:** In consideration of my (or my child's) participation in an Airway Heights Parks & Recreation Department activity (the "**Activity**" or "**Activities**"), I hereby voluntarily release, discharge, and hold harmless, on behalf of myself, my spouse, and child, the City of Airway Heights, its agents, employees, volunteers, co-sponsors, and all other persons or entities acting in any capacity on its behalf ("**Released Parties**") from all claims, losses, injuries, and damages of any nature, including but not limited to, property damage and personal injury or death, which arise from, or are caused by my child's participation in the Activity. This release includes claims for the negligence of the Released Parties and claims for strict liability for abnormally dangerous activities. This release does not extend to claims for gross negligence, intentional or reckless misconduct that Washington law does not permit to be excluded by agreement.
- 2. ASSUMPTION OF RISKS:** Knowing that there are inherent risks and dangers involved in the Activities, I certify that I (or my child) have no medical, physical, or mental condition, which could interfere with my (or my child's) safety or the safety of others in the Activities.
- 3. AGREEMENT TO FOLLOW DIRECTIONS:** I (and my child) agree to follow all rules, instructions, and safety guidelines provided by the Released Parties, and understand that I (and my child) may be dismissed from participating in the Activities for refusing to follow those guidelines and instructions.
- 4. AGREEMENT TO ABIDE BY THE POLICIES SET FORTH IN THE CODE OF CONDUCT:** I agree to follow all of the rules and policies detailed out in the Code of Conduct, which is posted throughout the facility and can be provided to me upon request.
- 5. DRUGS AND ALCOHOL:** I (and my child) agree not to use alcohol, tobacco, illegal drugs, or prescription drugs that have not been prescribed by a medical doctor to treat a current medical condition, during the Activities, or at any time that may affect my (or my child's) ability to participate in the Activities.
- 6. TRANSPORTATION** (if applicable): I grant Airway Heights the right to transport me (or my child) to and from the Activity sites by properly licensed staff. I (or my child) agree to wear a seatbelt at all times in any vehicle owned or operated by a Released Party.
- 7. EMERGENCY CARE:** In the event of an accident or emergency that renders me unable to communicate (or, for care of my child, in the event I am unreachable), I grant my permission for any medical care which might become necessary.
- 8. AUTHORITY TO DENY PARTICIPATION:** Airway Heights retains the authority to approve or deny registration for the Activities. Participation in the Activities may be cancelled without refund for reasonable cause, including but not limited to:
  - Failure to follow directions, general disruptive behavior, inappropriate language or attire, or verbal/physical altercations
  - Abuse of staff, program participants, property, or equipment
  - Negligent or delinquent payment
  - Use or possession of illegal drugs or alcohol, or violation of the Airway Heights Smoke-Free Policy during Activities
  - Use or possession of weapons or other dangerous items during Activities
- 9. CANCELLATION POLICY:** Cancellation of membership requires 2 weeks prior notice from the bill date in writing or via email.

**I have had sufficient opportunity to read this entire document. I acknowledge that I understand that a monthly draw will be taken from the credit card provided and understand and acknowledge the membership cancellation policy. My signature/acknowledgment of receiving this information is voluntary as is my (and my child's) participation in the Activities. I have read and understood this document, and I (and my child) agree to be bound by its terms. I certify that the above information is complete and accurate to the best of my knowledge. By signing below, I am acknowledging this agreement for myself or any minor children for whom I am a parent or legal guardian. At least one parent or legal guardian must sign/acknowledge for those under age 18. All adults must sign for themselves. This agreement is good in perpetuity.**

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**Name of Participant (PRINT)**

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**Signature of Participant**

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**Date**

**(Or Parent/Guardian Signature if Participant is Under Age 18)**

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**Name of Participant (PRINT)**

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**Signature of Participant**

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**Date**