



DEER RUN
COMMUNITY ASSOCIATION
Annual Membership

PLEASE NOTE:

Expiry date is one year from date of purchase.
Date fields are equipped with drop down menus
by using arrow on right-hand side of field.

Expiry Date:
OFFICE USE ONLY

DD/MM/YYYY

WR Member #: _____ **DRCA Member #:** _____

Primary Member Last Name: _____

Address: _____ Postal Code: _____

Primary Email: _____ Primary Phone: _____

Would you like to receive email updates about DRCA news and events? Yes No

Primary Member	<input checked="" type="checkbox"/> Over 18	<input type="checkbox"/> VBALL
Name: _____		
DOB (DD/MM/YYYY): _____		
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____		

Member #2	<input type="checkbox"/> Over 18	<input type="checkbox"/> DRCC	<input type="checkbox"/> VBALL
Name: _____			
DOB (DD/MM/YYYY): _____			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____			

Member #3	<input type="checkbox"/> Over 18	<input type="checkbox"/> DRCC	<input type="checkbox"/> VBALL
Name: _____			
DOB (DD/MM/YYYY): _____			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____			

Member #4	<input type="checkbox"/> Over 18	<input type="checkbox"/> DRCC	<input type="checkbox"/> VBALL
Name: _____			
DOB (DD/MM/YYYY): _____			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____			

Member #5	<input type="checkbox"/> Over 18	<input type="checkbox"/> DRCC	<input type="checkbox"/> VBALL
Name: _____			
DOB (DD/MM/YYYY): _____			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____			

Member #6	<input type="checkbox"/> Over 18	<input type="checkbox"/> DRCC	<input type="checkbox"/> VBALL
Name: _____			
DOB (DD/MM/YYYY): _____			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____			

Would any of your family members like to volunteer? Yes No

If yes, please let us know what areas you would like to help. Do you have any special skills or talents?

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- Entry to the weight room is not included in the DRCA annual membership for \$30.
 - Entry to the weight room is available for a drop-in fee of \$5 per visit or with purchase of an annual weight room (WR) membership for a one-time fee of \$100.
 - All persons 12 to 17 years of age must be accompanied by an adult while using the weight room and are the responsibility of that adult.
No person under 12 years of age may enter the weight room.
 - All fees are subject to change.


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In consideration of my use of the equipment and facilities provided by Deer Run Community Association [“the company”], I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the company and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, or my guest in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of the company.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me or my guest(s), and I hereby fully and forever release and discharge the company, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of said equipment and facilities.

I expressly agree to indemnify and hold the company harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me or my guest(s).

I agree to be solely responsible for safety and well-being of my guest(s) and myself. I understand that the company does not provide supervision, instruction, or assistance for the use of the facilities and equipment.

I agree to comply with all rules imposed by the company regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and acknowledge that the use of exercise equipment involves risk of serious injury, including permanent disability and death.

I understand and agree that the company is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Adult Member 1: _____

(Please Type/ Print Full Name)

Signature: _____

Date: _____

DD/MM/YYYY

Adult Member 2: _____

(Please Type/ Print Full Name)

Signature: _____

Date: _____

DD/MM/YYYY