

# Vaughan Athletic Center Corporate Membership Agreement

2121 W. Indian Trail Road, Aurora, IL 60506 • Phone: 630-907-9600 • Fax: 630-907-9661 • [foxvalleyparkdistrict.org](http://foxvalleyparkdistrict.org)



## CORPORATE INFORMATION

Resident     Non-resident    **Company Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Account Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

## MEMBER INFORMATION

Resident     Non-resident    **Membership #** \_\_\_\_\_ Referral Name \_\_\_\_\_

**Primary Member Name** \_\_\_\_\_ **Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Primary Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

## ADDITIONAL HOUSEHOLD MEMBERS TO BE BILLED ON MEMBERSHIP

A. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Relationship to Primary Member \_\_\_\_\_ Member # \_\_\_\_\_

B. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Relationship to Primary Member \_\_\_\_\_ Member # \_\_\_\_\_

C. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Relationship to Primary Member \_\_\_\_\_ Member # \_\_\_\_\_

D. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Relationship to Primary Member \_\_\_\_\_ Member # \_\_\_\_\_

## MEMBERSHIP SELECTION AND PAYMENT INFORMATION

|                           |  |   |                              |    |
|---------------------------|--|---|------------------------------|----|
| <b>MEMBERSHIP OPTIONS</b> | <input type="checkbox"/> Corporate All-Inclusive | <input type="checkbox"/> Corporate Fitness Only | <b>FEES</b>                  |    |
|                           |  |   | <b>Enrollment Fee</b>        | \$ |
|                           |  |   | <b>Monthly Dues</b>          | \$ |
|                           |  |   | <b>Total Initial Payment</b> | \$ |

## AUTOMATIC PAYMENT PLAN

You hereby authorize Vaughan Athletic Center as part of the Fox Valley Park District, or its affiliated companies, to undertake the following charges or withdrawals by Electronic Funds Transfer (EFT). Please select from the following options:

- Monthly Payment Plan.** \$ \_\_\_\_\_ per month beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ for twelve months, after which it becomes self-renewing on the 15th of each month. Vaughan Athletic Center is authorized to increase charges, withdrawals for monthly fees and assess a charge for any returned EFT drafts in accordance with this Agreement.
- Annual Payment in Full.** You elect to pay for 12 months in advance. This membership is annual. Paid-in-full memberships do not self-renew. If more than one month lapses between memberships, new enrollment fees will be assessed.

THE MEMBER CAN CANCEL MEMBERSHIP WITHIN 3 BUSINESS DAYS AFTER THE CONTRACT IS SIGNED BY THE MEMBER, and all monies paid pursuant to said contract shall be refunded to the Member. After this time period, the Member may cancel membership at least 30 days prior to the end of the first twelve-month period in writing and delivered certified or registered mail to Vaughan Athletic Center, 2121 West Indian Trail, Aurora, IL 60506 or by completion of a cancellation form from the membership office. All written notices of cancellation must be received by the 10th day of the month in order to be processed for the current billing cycle. In the absence of such written notice, this Agreement shall be extended automatically on a monthly basis. After this time period, any notice of cancellation pursuant to this Agreement shall be made 30 days in writing and delivered by certified or registered mail to Vaughan Athletic Center at the address above or by completion of a cancellation form from the membership office. \_\_\_\_\_ Initial

The "Initial Membership Agreement" is for a period of 12 months from the date of acceptance or at the end date of the corporate membership. Any upgrades to membership within the first year will modify the existing membership agreement. If membership is cancelled within the first 12-month period of the agreement, a cancellation fee equal to the remaining monthly dues of the membership term will be charged. A 30-day advance written notice of intent to cancel must be received by certified or registered mail to Vaughan Athletic Center, 2121 West Indian Trail Aurora, IL 60506 or by completion of a cancellation form from the membership office. \_\_\_\_\_ Initial

Enrollment fees and/or prepaid dues are not refundable. \_\_\_\_\_ Initial

## ACKNOWLEDGEMENT OF MEMBERSHIP AGREEMENT

I (We) wish to purchase the above selected membership at Vaughan Athletic Center. I (We) certify that all of the information provided on this form is true and correct. I (We) understand that Fox Valley Park District officials may verify this information, and that misrepresentation of the information may result in denial of membership privileges.

**MEMBER'S SIGNATURE(S)** \_\_\_\_\_ **Date** \_\_\_\_\_

Received by Vaughan Athletic Center Representative \_\_\_\_\_ **Date** \_\_\_\_\_

## FORM OF PAYMENT (SELECT ONE)

- Credit/Debit Card**     MasterCard     Visa     Discover  
 Card Number \_\_\_\_\_  
 Exp. Date \_\_\_\_/\_\_\_\_ Billing ZIP \_\_\_\_\_
- Withdrawal from bank account:**     Checking     Savings  
 Bank Name \_\_\_\_\_  
 Routing & Account Number: \_\_\_\_\_  
 Name of Authorizing Payer (please print) \_\_\_\_\_  
 Signature of Authorizing Payer \_\_\_\_\_  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_

All individuals wishing to participate in a membership package at the center may be requested to provide a valid form of identification and/or proof of residency. If the Member, because of death or disability, is unable to use or receive all services contracted for, the Member, or his estate as the case may be, shall be liable for only that portion of the charges allocable to the time prior to death or the onset of disability. Fox Valley Park District shall in such event have the right to require and verify reasonable evidence of such death or disability.

Membership may be transferred to a qualified family member living in the same household with payment to the center of the transfer fee then in effect. The account of the transferring member must be in good standing before the transfer occurs and the new member must fulfill the duration of the 12-month agreement.

Membership may be suspended by providing appropriate documentation of residence relocation (over 25-mile radius of facility and proper documentation required-see membership for stipulations), temporary job relocation (letter from employer) or illness (letter from physician). Nominal dues then in effect will be charged. Contact the membership office for specific criteria.

If any dues or charges incurred are not paid within 60 days after billing, Fox Valley Park District shall have the right to demand payment in full. If such amounts are not paid within 30 days after such demand, membership shall be terminated and FVPD may pursue any right it may have to recover the unpaid amount. Upon termination of membership, no refund of the enrollment fee, dues or other fees shall be issued. To rejoin Vaughan Athletic Center after a termination of membership, a new membership agreement must be completed and the enrollment fee and dues in accordance with the rates in effect must be paid.

All dues and fees are subject to change with 30 days notice.

As a member, I agree to conform to and be bound by the rules, regulations and policies of all locations within the Vaughan Athletic Center, as they may be amended.

# Vaughan Athletic Center Member Waiver & Release

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## IMPORTANT INFORMATION

The Fox Valley Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Fox Valley Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

## WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Fox Valley Park District to guarantee absolute safety.

## WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

## ACKNOWLEDGEMENT OF WAIVER

|  |                   |
|--|-------------------|
| <b>MEMBER'S SIGNATURE(S)</b> _____                       | <b>Date</b> _____ |
| Received by Vaughan Athletic Center Representative _____ | <b>Date</b> _____ |