

WELLS BRANCH MUNICIPAL UTILITY DISTRICT

Application to Use Recreational Facilities and Release of Liability

FACILITIES: ? ALL ? Pools ? Indoor ? Outdoor	FEE TYPE: ? In-district multi-user annual ? In-district multi-user quarterly __1Q __2Q __3Q __4Q ? In-district individual annual ? In-district individual quarterly __1Q __2Q __3Q __4Q ? Out-of-district multi-user annual ? Out-of-district individual annual
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***Please Print**

Applicant: _____ DOB: _____ Medical Allergies: _____
First Middle Initial Last

Address: _____
Apartment # / House# / Street City State Zip

Phone #: (Home) _____ (Work): _____

E-Mail Address: _____

***For Multi-User Membership Only. Please list the names of up to 2 adults & up to 6 children at the same address.**

Last Name	First Name	DOB	Relationship to Applicant	Medical Allergies

Emergency Contact: _____
First Last Relationship to Applicant Phone #: (Home) (Work)

**All persons to use the fitness equipment must be certified.
 Certifications are done by appointment. Call 251-9814 to schedule appointment.**

I have made application for use of the District’s recreational facilities on behalf of myself, the listed individuals at the above address. I understand that the District’s recreational facilities are for the use of authorized persons only, and agree that all use by individuals at our address shall be in accordance with the District’s “Rules and Regulations Governing Recreational Facilities.” I agree that the District does not, by the provision of these recreational facilities, assume any responsibility or liability to us or our guests and we assume all responsibility for and waive any claim against the District for accidental injury, property damage or death arising out of the use of these facilities by any of us or our guests. We agree to indemnify and hold harmless the District, its directors, agents, employees and consultants, whether paid or volunteer, from any and all claims by us or our guests which may arise from use of the District’s recreational facilities. If this application is on behalf of any minor children, the application represents that the applicant is the legal guardian of said children and fully responsible for such children, and authorized to execute this application and release on their behalf. I acknowledge that I have received a copy of the recreational facilities rules, and this information is true and correct. *All persons listed are in my house.

Applicant Signature: _____ Date: _____

District Representative: _____ Date: _____

Amount Paid \$: _____
 Check #: _____
 Cash / Credit Card