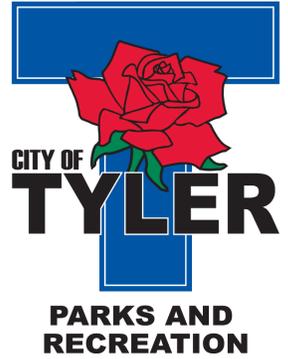


Glass Recreation Center Membership Application



Personal Contact Information

Date of Birth _____

Check One: Male Female

Last Name First Name Initial

Address

Street City State Zip Code

Phone Number (Home) _____ Alternate Phone Number _____

Email address (optional) _____

EMERGENCY CONTACT

Name Relationship

Phone Number (Home) Alternate Phone Number

Wavier:

In consideration of gaining membership or being allowed to participate in the activities and programs at the Glass Recreation Center, and to use its facilities, equipment and machinery in addition to the payment of any additional fee or charge, I do hereby waive, release and forever discharge the Glass Reaction Center and its employees, representatives, executors and all others from any responsibility or liability for injuries or damages resulting from my participation at said facility. I do also hereby release all of those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any activates of those mentioned or others, acting on behalf or in any way arising out of or connected with my participation in any activates of the Glass Recreation Center. I agree to adhere to all policies set by the Glass Recreation Center as written in the membership handbook.

Signature _____ Date _____