



### WRAC MEMBERSHIP RENEWAL AGREEMENT

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ CELL: \_\_\_\_\_

**Current E-MAIL:** \_\_\_\_\_

Business: \_\_\_\_\_

Name <i>SELF and all additional members</i>	Age	Birth Date	FULLTIME Student
			Yes or No
			Yes or No
			Yes or No
			Yes or No
			Yes or No
			Yes or No

***Has yours or anyone on this membership health changed, do you need to fill out an updated Health History? \_\_\_yes \_\_\_no***

**I hereby release and absolve the WRAC, and WRAC Board, and all its employees or agents of same, from any claims of damages arising from injury received by the participant involved in this activity, whether due to negligent acts or omissions of said parties, other participants, or otherwise.**

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Type of Membership:**

Student: \_\_\_\_\_

Individual: \_\_\_\_\_

Husband & Wife: \_\_\_\_\_

Family: \_\_\_\_\_

Single Parent: \_\_\_\_\_

Senior: \_\_\_\_\_

Membership Fee: \$ \_\_\_\_\_

1<sup>st</sup> Payment: \$ \_\_\_\_\_  
(Including \$10 Fee)

Payment Fee: \$ \_\_\_\_\_

Next 11 Payments: \$ \_\_\_\_\_

**Total Fee:** \$ \_\_\_\_\_

Check/CC/Cash Rec. # \_\_\_\_\_

**STAFF INITIALS:** \_\_\_\_\_