

# ALVORD RECREATION CENTER MEMBERSHIP APPLICATION

The Alvord City Council will be responsible for the interpretation and enforcement of all rules and regulations. Policies and procedures will be reviewed periodically and may be modified without notice. The Alvord City Council will address any situation not specifically covered within the application. The Alvord City Council or city employees are not responsible for injuries or accidents to person or property during use of this facility. Use of this facility is at your own risk. Careful and considerate use is requested for your protection and the protection of others. Complaints should be directed to the Alvord City Council.

## YEARLY MEMBERSHIP INFORMATION & FEES

- Access to the gymnasium and exercise room from 5 a.m. until 11 p.m., Monday through Sunday.
  - Access to use the gymnasium unless it has been rented by a private party. These dates are available to view on the City of Alvord website: <https://cityofalvordiowa.com/community-center>.
  - Each membership will receive a key fob which will register who has entered the building. The replacement of lost or damaged key fobs will be \$30 each and is the responsibility of the member holder.
  - Security cameras are in place.
  - **Children 14 and under must be accompanied by an adult at all times.**
  - Yearly membership fees will be due **October 1** of each year. The initial fee will be prorated based on your sign-up date.
    - o **Senior 55+ Membership**                      **\$30** per person.
    - o **Single Membership**                              **\$80** (Must be 18 years old or older. 1 key fob included).
    - o **Family Membership\***                              **\$160** (2 key fobs included. \$30 for each additional key fob).
- \* Family memberships include 2 parents/guardians and children in college or younger living in your home.

## INFORMED CONSENT AND RELEASE OF LIABILITY

I understand that security cameras are present throughout the Community Center, Gym and Workout Room for security purposes only. The building will not be regularly monitored or patrolled. I assume all risk associated with use of the facility, including exercise equipment. I hereby release all members of the City Council, Mayor, and Employees of the City of Alvord from any and all liability. I acknowledge that I have read this Informed Consent & Release of Liability and that I am freely and voluntarily signing it. This Informed Consent and Release of Liability shall be binding of my heirs, spouse, or other next of kin, executor, administrators and assigns. I also understand the electronic key provided to me is to be used *only* by the members listed below. Membership may be revoked, with no refund, if privileges are abused.

\_\_\_\_\_

<b>Member's Printed Name</b>	<b>Signature</b>	<b>Date</b>
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Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Please list all household members (if under the age of 18, please include birthdate, current age, & grade):**

\_\_\_\_\_  
\_\_\_\_\_

IA

Mail Membership Application and payment to: City of Alvord, P.O. Box 115, Alvord, IA 51230  
**Checks may be made payable to City of Alvord.**

**Cash or Check**      Check #: \_\_\_\_\_      Amount \$ \_\_\_\_\_      Rec'd by: \_\_\_\_\_

\_\_\_\_\_ New Membership      \_\_\_\_\_ Renewal Membership