El Lago Community Center
RECURRING MEMBERSHIP

This box for City use ONLY	
FAMILY ID	
MEMBERSHIP STARTS	____/____/20____
MEMBERSHIP EXPIRES	____/____/20____
YES	**NO**

PLEASE PRINT ALL INFORMATION

ACCOUNT **LAST** NAME _____

ADDRESS _____ EMAIL _____

CITY _____ PHONE _____

ZIP _____ ALT. PHONE _____

EMERGENCY CONTACT INFORMATION

NAME (1) _____ (2) _____

PHONE (1) _____ (2) _____

MEMBERS' INFORMATION			*CHECK ALL MEMBERSHIPS TO BE PURCHASED*			*FOR OFFICE USE*
LAST NAME	**FIRST NAME**	**AGE (A if Adult)**	**POOL**	**TENNIS**	**FITNESS CENTER**	**KEY CARD #**

Please see the other side for payment information

1. **If this agreement is terminated by ther purchaser before the listed minimum term length is met, early termination fees will apply: Fitness Center Membership-6 Month Minimum - $125.00 Early Termination Fee**
   Full Membership - 1 Year Minimum - $175.00 Early Temination Fee
2. **I have read and agree to comply with all rules of the Fitness Center**
3. **Release and Hold Harmless Agreement**

The City of El Lago has provided certain individuals with a license to access and use the fitness center, an unsupervised and unstaffed exercise room, located in 411 Tallowood., El Lago, TX 77586. The undersigned hereby acknowledges that there are inherent risks to exercising. The undersigned voluntarily assumes all risks associated with exercising and using the Fitness Center and the equipment located therein. In consideration of the City providing the undersigned with an electronic pass that will allow the undersigned to access the Fitness Center during all hours, the undersigned hereby releases and discharges forever the City of El Lago and assignes from all liabilities, claims, causes of action, charges, complaints, obligations, costs, losses, damages, injuries, attorney's fees, and other legal responsibilities, of any form whatsoever, whether known or unknown, foreseen or unforeseen, anticipated or unanticipated, manifest or latent, which the undersigned now owns or holds, has at any time heretofore owned or held or may at any time own or hold by reason of any matter or thing arising out of or relating to the undersigned's access and use of the Fitness center. The undersigned acknowledges that the license granted by the City is limited to the undersigned's personal use o of the Fitness Center. The City may terminate the undersigned's right to access and use the Fitness Center at any time, with or without notice. The undersigned agrees that the City may limit key card access to the Fitness Center if Rules and Regulations are not adhered to or such time that the undersigned is no longer employed at the City of El Lago

I have read and fully, understand and agree to the foregoing Items 1, 2 and 3.

_____ *Signature* _____ *Date*

_____ *Printed Name*

El Lago Center - Recurring Memberships

These memberships will continue as indicated below until you authorize the City of El Lago to stop.
All rates listed below include a 4% credit card processing fee.

1. Fitness Class Memberships

☐ General Public $50 ☐ El Lago Resident $45 ☐ Fitness Center Member $35 $_____

2. Fitness Center Only (Resident AND Non-Resident)

☐ Monthly $27.50 [2c] ☐ Senior Discounted Amount $22.50 [2b] $_____

3. Full Memberships (Fitness/Pool/Tennis)

Individual [4a]	Qty ☐	Monthly $31.20	$_____
Family (Up to 4 members) [4b]	Qty ☐	Monthly $67.60	$_____
Ea. Add'l Family Member [4c]	Qty ☐	Monthly $15.60	$_____

Non-Resident Fee - **ADD 40%** + $_____

Sub-Total $_____

Senior Discount [4d] - **SUBTRACT 20%** - $_____

Full Membership Total $_____

Monthly Total $_____

ALL MONTHLY FEES LISTED ABOVE INCLUDE A 4% CREDIT CARD CONVENIENCE FEE

By my signature below, it is agreed that a monthly payment plan is being initiated and I authorize the City of El Lago to charge the following account monthly.

___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___

Expiration ___ ___ /___ ___ Code: ___ ___ ___

_____ _____
Card Holder Signature Date

Printed Name on Card:_____

OFFICE USE ONLY
Non-Res. Codes
Individual [7a]
Family [7b]
Ed Add'l Fam [7c]
Seniors [7d]

Office Use Only

Family ID #_____ Start Date: ____/_____/____

Invoice #:_____ Invoice Total: $_____ Stop Date: ____/_____/____

Initial Payment: $_____ Balance of months (first year pymt only): _____

Processing IN	QB____	Excel____	WinDSX____	Def Rev____	EProc____
Processing OUT	QB____	Excel____	WinDSX____	Def Rev____	EProc____