



Williston Area Recreation Center Corporate Membership Waiver

Please read and initial the box in understanding of the following for your household:

- I/we understand and are in agreement with all rules and regulations established within the facility.
- I/we understand that my membership key fobs/cards are **required** for all visits to the WARC. I/we understand that reproduction of lost membership key fobs/cards will result in a \$5 fee.
- I/we understand that there is a mandatory \$25 cancellation fee when a membership is terminated.
- I/we understand that my/our participation in the use of the recreation center requires that I/we are responsible for my/our own health and safety and valuables.
- It is my/our responsibility to obtain physical examination prior to the use of equipment and programs if I/we so choose and that Williston Parks and Recreation is not responsible for injuries.
- I/we understand that the Williston Parks and Recreation District may, at their discretion, adjust the fee structure on an annual basis.
- I/we understand that I/we need to notify the Williston Parks and Recreation District as soon as possible should I/we have an injury/sickness that would result in not being able to utilize the facility for an extended length of time. I/we understand that a doctor's note is required for any adjustments to my/our membership(s) and is due at the time of notification.
- I/we understand if I am having a surgery and have an extended membership that it is my responsibility to notify the Williston Parks and Recreation District prior to having a scheduled procedure to discuss membership adjustments.
- I/we understand that the Williston Parks and Recreation has the right to refuse service or terminate use to anyone not adhering to the following actions but not limited to: Abusive language, use of alcohol or drugs, harassment of employees and users and damage to property.
- I understand that corporate discounts can only be applied by WPRD staff during regular hours of operation.
- I understand that I will not receive a corporate discount until proof of employment is provided to the WPRD staff. Proof of employment may be verified using a paystub dated within the last 30 days.
- I understand that the WPRD staff reserves the right to remove my discount from any future bills should I separate employment with my company.

First Name: _____ Last Name: _____

Signature: _____

Date: _____

Office Use Only [Employee fills out](#)

- 12 Month 6 Month 1 Month/10 Punch
- Paid in Full Installment Billing Family

Staff Initials: _____



FOR MONTHLY BILLING CORPORATE MEMBERSHIPS ONLY

I hereby authorize the Williston Parks and Recreation District to deduct membership payments automatically each month. This authority will remain in effect until I notify them in writing/verbally to cancel.

I understand that the monthly billing membership will expire at the end of 5 years and I will need to come into the WARC to continue my membership.

I understand that if I wish to terminate my membership I must do so before the **last day of the month**. If I fail to cancel by this date I am liable for the next month's payment.

I understand that all withdrawals will be on the **1st day of each month, or the following Monday should the 1st fall on the weekend**.

I understand that if my payment is declined my membership will be suspended until the balance is paid or it will be canceled before the next month's billing is processed.

Auto Credit/Debit Authorization Form

I (we) hereby authorize the Williston Parks and Recreation District to initiate entries to/from my checking/savings/credit accounts at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, and if necessary, initiate adjustments for any transactions credited/debited in error.

Debit/Credit Card Number

CVV

Expiration Date

Billing Address for Card

Zip Code

Name:

Signature:

Date: