



## FOR MONTHLY BILLING 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 **1<sup>st</sup> day of each month, or the following Monday should the 1st fall on a weekend** day.

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:**



# Williston Area Recreation Center Membership Waiver

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

## FOR ALL MEMBERSHIPS

- 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 there is a mandatory prorated cancellation fee for each 6/12 month membership that is terminated.
- I/we understand that 1 month membership fees are non-refundable.
- I/we understand that once a child turns 19, they are no longer in my/our household and must form their own household and are no longer a part of a family membership.
- I/we understand that reproduction of lost membership key fobs will result in a \$5 fee.
- 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 District is not responsible for injuries.
- I/we understand that the Williston Parks and Recreation District may, at their discretion, adjust the fee structure at any time.
- I/we understand that the Williston Parks and Recreation District 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/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.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only    Employee fills out!

12 Month     6 Month     1 Month/10 Punch     Monthly Billing    Staff Initials: \_\_\_\_\_