



# Mansfield Community Center Member Agreement



## Section 1 Membership Description

**Optum AARP Medicare Supplement Membership:** Full facility use, individual membership  
**FEE: 50% off membership rates. ENROLLMENT FEE: \$0**

## Section 2 Membership Registration

Name (please print) \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone (h) \_\_\_\_\_ (cell) \_\_\_\_\_ Cell Carrier \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Membership Residency:**  **Resident** \$191/year (\$16.40/month)  **Non-Resident** \$225.75/year (\$19.38/month)  
 **Ashford/Willington Resident** \$205.50/year (17.64/month)

**AARP Confirmation Code:**  S  \_\_\_\_\_

**Payment:**  Cash  Check (full)  EFT (monthly plan)  Credit Card (full)  Credit Card (monthly plan)

Checks: *Make payable to "Town of Mansfield". For annual plan make check for full amount.*

Credit Card: **CREDIT CARD MUST BE PRESENTED IN PERSON TO RECEPTIONIST**

Electronic Fund Transfer (monthly payments): Routing # \_\_\_\_\_ Account # \_\_\_\_\_

(Please attach a voided check for account and routing number verification.)

## Section 3 Membership Terms

**Cancellation:** I understand that this Membership Agreement represents a contract between the Mansfield Community Center and me, and that I may cancel my Membership Agreement only in limited circumstances. I understand that if I wish to request a cancellation I need to submit a request in writing to the Center, and that the Center may not approve the cancellation. In the event that my request for cancellation is approved, I understand credits or refunds are not available retroactively and that I will be billed for the month in which the Center approves my cancellation.

**Complete Agreement:** I understand that the Mansfield Community Center Member Guide and this Membership Agreement represent the complete understanding between the Mansfield Community Center and me. I further understand that no representations, written or oral, other than those contained in the Member Guide and this Membership Agreement are authorized or binding upon the Center.

**Liability for Persons or Property:** I give permission for any minor child named on my registration form to participate in activities at the Mansfield Community Center. I agree to supervise and to assume full control and responsibility for any persons or things at the Center by reason of my use of the facility, and I understand that the Center reserves the right to require that I remove from the facility any person in any way connected with me who, in the sole opinion of the Center, is creating a disturbance or is disrupting activities at the Center. I understand that participation in any activity at the Center or in any Center program on or off-site by my child or myself involves risk and I grant permission to the Center to utilize any medical emergency services it deems necessary to treat any injury that I or my child may incur. In consideration of being allowed to participate in Center activities, I assume all risks, including personal injury and fatality, which may arise from participation of myself or my minor child in such activities. I agree for myself, my family, heirs, executors and administrators to not sue and to release, indemnify and hold harmless the Town of Mansfield and the Mansfield Community Center and their affiliates, officers, directors, employees, volunteers, successors and assigns from any and all liability, claims, demands and causes of action whatsoever, that may arise from the participation of myself or my minor child in Community Center activities and its various programs on or off-site, whether it results from the negligence of any of the above named persons or entities or from any other cause. This release and indemnification agreement shall be as broad and inclusive as is permitted by the law of the State of Connecticut. If any portion of it is held invalid, the balance shall continue in full force and effect.

**Membership Guide:** Your Membership Guide describes the benefits of your membership, and details important policies, procedures and other items related to the Center. Please read your Membership Guide carefully.

**Photo Release:** I understand that for promotional purposes the Center videotapes and/or takes photographs of program participants and facility users. I hereby release and permit the Center to utilize for said promotional purposes any videotapes and/or photographs of my child or me engaged in facility activities and/or general facility use MEMBER INITIALS \_\_\_\_\_.

**Proof of Residency:** Proof of residency is required for all new and returning members 18 years of age or older.

**Suspension and Termination:** I understand that the Center may suspend or terminate my membership without any liability for failure to adhere to the terms of this agreement or for violation of the Center's policies and procedures.

**Acceptance of Terms:** As a Member, I understand that I am entitled to use the Center facilities within the scope of the membership that I have selected and that I am obligated to pay my dues and fees regardless of whether I use the Center facilities. I agree to promptly update the Center of any changes of address, phone or credit information. On behalf of myself and my entire family, I certify that have received, read, understand and agree to all of the terms of this Membership Agreement and the Members Guide. My child's signature below as a participant in the Community Center and its on and off-site activities indicates he or she has reviewed this document with my aid and supervision and agrees with all of its terms, and agrees to be legally bound by the same to the fullest extent permitted by law

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mansfield Community Center  
Authorized signature

\_\_\_\_\_  
Date

