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

St. Gabriel Community Center

Membership Application

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Address: | E-mail: |
| City, State, & Zip Code: | Date of Birth: |
| Phone (Home): | Phone (Work or Cell): |
| Emergency Contact Name: | Emergency Contact Phone: |

**Type of Membership**

□ Single ($25 monthly) □ Senior Citizen – 55+ ($15 monthly)

□ Family of 4 ($40 monthly) □ High School/College Student ($15 monthly)

$10.00 for each additional household member (Must present current ID)

**Additional members for family plans**

\*When signing up for a family membership, all family members must live in the same household and be able to show proof when required.

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| --- | --- |
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

**HOLD HARMLESS AGREEMENT**

I, (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby agree to defend indemnify and hold harmless the City of St. Gabriel/St. Gabriel Community Center of and from any and all claims, demands, damages, causes of actions, suits, interventions, costs, attorney fees, liens, or other legal actions that might be brought against said parties and their insurers by themselves and/or any person, firm, or corporation on their behalf arising out of or directly or indirectly connected with the use and occupancy of the St. Gabriel Community Center against the City of St. Gabriel/St. Gabriel Community Center and others including any and all claims that may be asserted by way of indemnity or contribution based upon contract, tort or otherwise, and further including but not limited to any claim brought by any entity or person based on or arising under common law, civil law, or equity, any claim based on or arising under any federal, state, or local law, including but not limited to such laws for wrongful death, survival, breach of contract, breach of fiduciary duty, simple battery, simple assault, or other person injuries, damage, disability, disfigurement, pain, both physical and mental, fear or death, both real and imminent, loss of life’s enjoyment and simple pleasures, humiliation, embarrassment, mental anguish, negligent or intentional infliction of emotional distress, defamation, medical expenses, costs, loss of wages and income, loss of earning capacity, back pay, front pay, benefits, any contract claims, any claims based on, arising out of or in any way related to the use and occupancy of the St. Gabriel Community Center and all other damages, losses, and expenses which I may have or hereafter have against the City of St. Gabriel/St. Gabriel Community Center, including, but not limited to, any and all as yet unknown injuries, damages, and claims resulting or to result from the use and occupancy of the St. Gabriel Community Center.

I, (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, further agree not to execute or demand payment on any judgement that may be awarded against any person, firm, or corporation, the effect of which would be to make the City of St. Gabriel/St. Gabriel Community Center or any of its insurers liable for any amounts that would expose the City of St. Gabriel/St. Gabriel Community Center or any of its insurers to such further liability whether such liability would be the result of the judgement on a complaint, petition, claim, cross-claim, third-party claim, counter claim, intervention, or any other legal proceeding, pending or lien.

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 Please Print Name Signature

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

 Please Print Name Signature