

One Pass™

Renew Active
by  UnitedHealthcare®

**ONE PASS & RENEW ACTIVE
MEMBERSHIP APPLICATION**



Membership Number (10-digit # beginning with "A, B or S") _____

Circle one: NEW MEMBERSHIP RENEWAL

DATE: _____

Primary Member's Name: _____

Date of Birth: _____ Age: _____

Current Address: _____ City: _____ Zip Code: _____

Primary phone: _____ Secondary phone: _____

Email Address: _____

(Email is the primary method of communication we use with our members)

Emergency Contact: _____

Relation to Primary Member: _____ Telephone Number: _____

TURN OVER TO COMPLETE APPLICATION

RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNIFICATION

I desire to engage voluntarily in any activities at the City of Berea Recreation Center for enjoyment and to improve my health. I understand that I am responsible for monitoring my own health condition throughout any recreational activity and/or exercise program.

IN SIGNING THIS CONSENT FORM, I AFFIRM THAT I HAVE READ IT IN ITS ENTIRETY.

Waiver and Release: In consideration of the City of Berea granting me, other family members and minor children, if any, permission to engage in activities at the Berea Recreation Center, I (we) agree to assume the risk of such activity and further agree to hold harmless and indemnify the City of Berea, its employees and agents from all claims, suits, losses or related courses of action for damages, including but not limited to such claims that may result in my(our) injury or death, accidental or otherwise, during or arising in any way from my (our) participation in any activity at the Berea Recreation Center. I (we) understand that the City of Berea is not responsible for loss or damage to personal property. I (we) also assume the risk of all dangerous conditions in and about the City of Berea Recreation Center and other property owned by the City and waive any and all specific notice of the existence of such dangerous conditions, if any. I (we) permit the taking of photographs and/or videos of me (us) during activities at the Recreation Center for publication in brochures, website and additional uses as the City deems necessary. This release bars claims by the undersigned's children, heirs, assigns, executors and administrators.

I (we) agree to follow all rules and regulations of the Berea Recreation Center and understand that violations of these rules or regulations may result in suspension, expulsion or termination of membership.

I understand that memberships are non-refundable and non-transferable.

Signature of member, participant or legal guardian/parent (if member is under age 18)

Date

OFFICE ONLY: WAS Optum Membership Number Verified? YES NO

PAYMENT METHOD CASH CHECK _____ CREDIT CARD

AMOUNT _____

STAFF INITIALS: _____

NOTES: