MILL VALLEY AQUATICS & FITNESS CENTER
PASS HOLDER AGREEMENT

Mill Valley Community Center

PASSES ARE **NON-TRANSFERABLE** and may **NOT** BE SHARED

Adult Last Name	First Name	Pass Type	Adult Senior (60+)	M F
Address:		City/State/Zip:		
Email Address:		Home Phone:		
Cell Phone:		Work Phone:		
Second Adult Last Name:	First Name:	Pass Type	Adult Senior (60+)	M F
Email Address:		Home Phone:		
Cell Phone:		Work Phone:		
Child Last	First	Pass Type	Date of Birth	M F
Child Last	First	Pass Type	Date of Birth	M F
Child Last	First	Pass Type	Date of Birth	M F
Child Last	First	Pass Type	Date of Birth	M F

Pass holders must check in at the front desk with their pass. No pass holder may conduct any commercial business, activity or personal training at the Mill Valley Aquatic and Fitness Center. Having a pass confers solely to the right to use and enjoy the facilities in accordance with MVPR rules and regulations, as they may change from time to time. Having a pass does not confer an interest in the property or assets of MVPR or any right to participate in the management operations of MVPR, financially or otherwise.

Minors under the age of 16 years old must have written approval to use the Fitness Center or participate in Lap Swim

Check One For Pass Type

_____ Pre-Paid Annual Pass	I understand that I am pre-paying for 12 months in one lump sum payment today.
_____ Annual Pass*	I understand my credit card will be automatically drafted each month between the 15th and 20th for the next 12 months. (scheduled payment option)
_____ 20 visit pre-paid	I understand that I am pre-paying for 20 visits in one lump sum payment today. (no cancellation fee applies)
_____ Monthly Unlimited	I understand my credit card will be drafted each month between the 1st and the 5th. I understand my pass will automatically renew monthly. (no cancellation fee applies)
_____ Fitness Class Pass	I will pay in person to renew my pass: (check one) ___unlimited ___12 classes ___24 classes

ADDITIONAL FEES & AGREEMENTS (You MUST initial agreement to the following fees)

_____ There is a $20 charge for a returned check and a $20 processing fee for refunds.

_____ There is a $100 cancellation fee if you cancel your annual pass prior to the end of your 12 month term.

_____ There is a $5 replacement fee for a lost or stolen card.

_____ I agree to the Code of Conduct for using the facility. With your initial, all individuals under this Account agree to abide by these policies and may have their pass revoked at any time.

*AGREEMENT FOR SCHEDULED CREDIT CARD PAYMENTS "MONTHLY PAYMENT PLAN" OPTION

- I authorize Mill Valley Parks & Recreation (MVPR) to initiate debit entries to my credit card account named below.
- I agree to keep my home address and home phone number updated with MVPR at all times.
- I agree to notify MVPR of any changes to my credit card account, at least 3 business days prior to the draft date. I agree to provide written notice 30 days prior to the monthly draft date stated to cancel this agreement.

Name: _____ MV GMV NON CVC _____

Credit Card: _____ Expiration Date: _____/_____

Card Holder Name: _____ Monthly Payment: $_____

WAIVER AND RELEASE OF LIABILITY—READ BEFORE SIGNING

I hereby agree to indemnify and hold harmless the City of Mill Valley and its officers and employees from and against any and all liabilities for any injury, which may be suffered by me or by my child arising out of, or in any way connected with, the Mill Valley Community Center. It is understood that some recreational activities including but not limited to, swimming, weight training and activity on aerobic exercise equipment involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I give permission to use my or my child's photograph in Mill Valley Parks and Recreation Department publicity. Your MVPR Pass will be canceled if your account is 30 days delinquent and will incur a $100 cancellation fee if within your annual agreement term. If you decide to cancel your scheduled payment option for an Annual Pass or Monthly Unlimited Fitness Class Pass you must provide 30 days written notice. If you cancel your Annual Pass before the end of your 12-month agreement, your account will incur a $100 cancellation fee and no further payments will be required. (Exceptions to cancellation fee: disability verified by a physician or death in written format). Built into our fee structure are considerations for closures or modified hours due to holidays, our annual maintenance week, and seasonal pool use schedules. Dues are not reduced or suspended during closure or if less than all of the facilities are available for use. Dues are fully payable without regard to frequency of use of the MVPR facilities. It is the pass holder's sole responsibility to know the hours of operation and pool use schedule. MVPR reserves the right to change the schedule of Group Exercise Classes depending on enrollment numbers and does not guarantee a minimum number of available classes. MVPR shall have the right, without cause, to revoke any pass at any given time for any reason by giving written notice of revocation to the holder of the pass plan. Upon this occurrence pass holders will not be subject to the $100 cancellation fee and a pro-rated credit will be given for unused services. A holder of the pass plan and all persons entitled to the privileges under said pass plan understand that facilities, equipment, hours, services, regulations and policies are subject to change without notice, at the sole discretion of MVPR.

I understand & agree with the above terms of this agreement and authorize my credit card to be charged as stated.

*Signature:*_____ *Date:* _____/_____/_____

FOR BACK OFFICE USE ONLY

New Transfer Account Change Pass Plan Change Cancellation Renewal

Rec Date: ____/____/____ Total Amount: $_____ 1st Month $_____ Per Month fee $_____

# of Months: _____ Start Date: ____/____/___ End Date: ___/___/___ Staff Initials: ____ Entered:___/____/___

_____Customer Prompt completed in CLASS with year the waiver was signed

Comments