



Corporate Pass Holder Application Form

RIO VISTA RECREATION CENTER

Organization Name: _____

START DATE FOR PASS: _____
(Please indicate the date to which the pass is to be effective.)

Employee Contact First Name: _____ Last: _____

Title: _____ Email: _____

Organization Address: _____

Suite/Apt.: _____ City: _____ State: _____ Zip Code: _____

Work: _____ Ext.: _____ HM: _____ Cell: _____

Please list additional employees under the Corporate pass.

1.	FIRST NAME	LAST NAME	DAY PHONE	BIRTHDATE	GENDER
2.	FIRST NAME	LAST NAME	DAY PHONE	BIRTHDATE	GENDER
3.	FIRST NAME	LAST NAME	DAY PHONE	BIRTHDATE	GENDER
4.	FIRST NAME	LAST NAME	DAY PHONE	BIRTHDATE	GENDER
5.	FIRST NAME	LAST NAME	DAY PHONE	BIRTHDATE	GENDER
6.	FIRST NAME	LAST NAME	DAY PHONE	BIRTHDATE	GENDER
7.	FIRST NAME	LAST NAME	DAY PHONE	BIRTHDATE	GENDER
8.	FIRST NAME	LAST NAME	DAY PHONE	BIRTHDATE	GENDER
9.	FIRST NAME	LAST NAME	DAY PHONE	BIRTHDATE	GENDER
10.	FIRST NAME	LAST NAME	DAY PHONE	BIRTHDATE	GENDER

All Corporate Pass Holders must sign the Waiver of Liability.



Corporate Pass Holder Agreement

- **Businesses are allowed up to 10 employees (full or part time) per corporate account.**
- **Rate does not apply to family members of employees.**
- **Businesses are not allowed to remove, add, or switch employees within the annual term.**
- **Businesses must be located within the corporate limits City of Peoria and pay property taxes to the City of Peoria.**
- **Corporate rates do not qualify for the 5% full payment annual discount.**
- **One representative from the business is required to make one payment on a business check or credit card.**
- **Corporate rates cannot be paid in installments.**

_____ **Initials**

_____ **Date**



WAIVER OF LIABILITY CORPORATE ACCOUNT

Organization Name: _____

(Information below is to be completed by each employee on account)

Waiver of Liability & Photo/Video Consent

By signing, I hereby release and forever discharge the City of Peoria, an Arizona municipal corporation ("City"), its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms, or corporations who are or might be liable ("Released Parties") from any and all claims of any kind or character which I or my child have or may have against them due to my participation, or my child's participation, in programs, services or activities at the City's Rio Vista Recreation Center ("Activities"). This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during or arising out of the Activities. In that regard, I covenant to indemnify, defend, and hold harmless the Released Parties to the fullest extent permitted by law from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by the Released Parties in the event any such claims are asserted against them or any of them. I understand that medical claims and health insurance for myself and my child are my responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the City or its officers, employees, or agents. I give my consent to the City to take photos/video of me and my child to be used by the City for program promotion.

Please Initial Below:

_____ I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment and free weights, is a potentially hazardous activity.

_____ I understand that fitness activity involves a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with the knowledge and risk involved.

_____ I certify that I have no medical or physical conditions that could interfere with my safety or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly by any such condition.

_____ I understand that staff will contact emergency personnel on my behalf or on behalf of my minor child should a medical emergency arise.

_____ I understand the Rio Vista Recreation Center advises patrons to consult a physician prior to beginning an exercise program.

_____ I understand that **no person under the age of 13 may use the fitness equipment.** Furthermore, I understand a **fitness orientation is advised for all patrons and required for ages 13-14.**

_____ I agree that failure to abide by the policies of the Rio Vista Recreation Center, including providing accurate information regarding residency, ages, and household members, can result in suspension from the facility and loss of fees.

_____ I understand that the Pass Fees are non-refundable.

I, as the participant, parent or guardian agree to the City of Peoria Waiver of Liability. My signature signifies that I have read, understood and agreed to be bound by its contents.

Printed Name: _____ HM: (____) _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Participant/Parent/Guardian Signature: _____ Date: _____

Emergency Contact Information:

Contact Name: _____ Relationship: _____

HM: (____) _____ Cell: (____) _____ WK: (____) _____

*Rio Vista Recreation Center
8866-A West Thunderbird Rd. Peoria, AZ. 85381
Phone: (623) 773-8600*