



Pass Holder Application Form

RIO VISTA RECREATION CENTER

8866-A West Thunderbird Rd. Peoria, AZ. 85381

START DATE: _____

(Please indicate the date to which the pass is to be effective)

Pass Type:

- Peoria Resident Rate (*Proof of Residency Required**)
- Non-Resident Rate

- Weekly Hotel Pass(7 Days)
- One Month (no contract)
- 3 Months (Paid in Full)
- 6 Months (Paid in Full)
- Annual (Paid in Full)
- Annual (EFT, Monthly Payments) (Must provide voided check. Also, first and last months payment.)

STAFF USE ONLY: (Please Initial when items are completed)		
Initials:	Date:	
		All Wristband /Climbing Alerts for Kids
		All Waivers initialed and signed
Ini.EFT form when entered into class		EFT Form/Voided check
		Picture/Fingerprint
		Other Alerts:

The Center offers a scholarship fund for low income families which are residents of Peoria.
 Would you like to donate \$1.00 to the Rio Vista Scholarship fund? (YES or NO)

- Individual Youth *Ages 5-18.*
- 2-Person (*2 Adults or 1 Adult and 1 Youth.*)
- Individual Adult *Ages 25-61.*
- Family (*Up to 6 family members who all reside at the same address.*)
- Individual Senior *Ages 62 and up.*
- Young Adult *Ages 19-24*

Main Pass Holder Information:

First Name: _____ Last Name: _____

Address: _____ Suite/Apt.: _____ City: _____

State: _____ Zip Code: _____ Birth Date: _____ Gender: _____

HM: (____) _____ Cell: (____) _____ Email: _____

Emergency Contact: _____ Relationship: _____ Cell: _____

For 2-Person or Family Passes, Please list members: (All Adult members must provide proof of residency.)

- (1) Name: _____ Birth Date: _____ Gender: _____
- (2) Name: _____ Birth Date: _____ Gender: _____
- (3) Name: _____ Birth Date: _____ Gender: _____
- (4) Name: _____ Birth Date: _____ Gender: _____
- (5) Name: _____ Birth Date: _____ Gender: _____

Kids Corner Passes (Kids Corner is included with an Annual Membership. Ages 18 months -7 years old.)

- (1) Name: _____ Birth Date: _____ Gender: _____
- (2) Name: _____ Birth Date: _____ Gender: _____
- (3) Name: _____ Birth Date: _____ Gender: _____

Resident Rate: If where you permanently reside or live is location within the corporate limits of the City of Peoria and you pay property taxes to the City, you are eligible for the resident rate. Proof of residency is required at the time of registration. Acceptable proof is a copy of your property tax statement showing the physical location

WAIVER OF LIABILITY

Each adult is required to initial and sign below.

- _____ I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment and free weights, are a potentially hazardous activity.
- _____ I also 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.
- _____ Further, 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 understand that **all children ages 2-8 years must be accompanied by an adult at all times or placed in the Kids' Corner**. I understand that **all fees** for the Kids' Corner child care room are **not included** with the Rio Vista Pass Fees and must be **purchased separately**. I am aware of the Kids' Corner's **hours of service**.
- _____ I understand that a 16/17 year old may accompany a child 12 and under to the facility provided that the appropriate paperwork is on file.
- _____ 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 and that I am committed to the length of term chosen on this contract, early cancellation is not an option.

Waiver of Liability & Photo/Video Consent

I/we hereby release and forever discharge Peoria Unified School District and the City of Peoria, an Arizona municipal corporation, 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, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Peoria recreation program at a Peoria Unified School District facility. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our 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 Peoria Unified School District and/or the City of Peoria or its officers, employees, or agents. By signing, I authorize the City of Peoria to use and/or disclose certain protected health information (PHI) about me to any state licensing agency. I give my consent to the City to take photos/video of my child to be used by the City for program promotion.

Rio Vista Recreation Center Climbing Wall Waiver (Climbers must be 5 years of age or older.)

I am aware that rock wall climbing includes certain risks, including but not limited to the risk of serious injury or death. I am voluntarily participating in this activity with knowledge of the dangers involved, and hereby agree to accept full responsibility for the risks involved. In consideration of being allowed to use the rock climbing wall at the Rio Vista Recreation Center, I acknowledge and agree to the following:

- **Hazards of Climbing.** Rock wall climbing is an inherently dangerous activity.
- **Climbing is Voluntary.** The use of the Rio Vista rock wall, facilities, equipment or apparatus is voluntary with complete and full understanding that such usage involves hazards and dangers.
- **Conduct.** I will obey and comply with all rules, regulations, or instructions of the Recreation Staff in charge of the wall.
- **Equipment.** Any equipment or gear that I may receive, rent, or borrow from the Rio Vista Recreation Center, I use at my own risk.

I, as the participant(s) certify that my signature signifies that I have read, understood and agreed to be bound by the contents of the City of Peoria Waiver of Liability and Climbing Wall Waiver on behalf of myself and/or any youth listed. I am aware that by signing this agreement I am waiving certain legal rights, including the right to sue. I am voluntarily signing this agreement.

Adults Listed: *(if more than two adults are listed an additional waiver must be attached)*

By signing below, Parent(s) and/or Guardian(s) acknowledge above waiver as it pertains to self and all minor children.

1. Participant Signature: _____ Date: _____
2. Participant Signature: _____ Date: _____