



**TWO
RIVERS**
WISCONSIN

PARKS AND RECREATION



1520 17th Street
P.O. BOX 87
Two Rivers, WI 54241-0087

Key Card Number: _____

Name: _____ D.O.B: _____

Address _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact:

Name: _____ Phone: _____

Membership Type:

Annual Adult Resident (18-54)
\$95.00 + tax

Annual Adult Non-Resident (18-54)
\$142.50

Annual Senior Resident (55+)
\$65.00 + tax

Annual Senior Non-Resident (55+)
\$97.50 + tax

Adult Joint Annual Resident
**MUST be 2 Adults (18-54) providing same household
resident address on ID**
\$175.00 + tax

Adult Joint Annual Non-Resident
**MUST be 2 Adults (18-54) providing same household
address on ID**
\$262.50 + tax

Family Annual Resident
**MUST be 2 Adults (18-54) and 2 Students (16-18)
providing same household resident address on ID**
\$295.00 + tax

Family Annual Non-Resident
**MUST be 2 Adults (18-54) and 2 Students (16-18)
providing same household on ID**
\$442.50 + tax



I understand and agree that in many recreational activities, or the use of unfamiliar facilities or equipment, accidents can and do occasionally occur. I am aware of these inherent risks and take full responsibility for any injuries that I may sustain as a result of my involvement in any Two Rivers Parks & Recreation Department "municipality" recreational activities or use of the City of Two Rivers "municipality" recreational facilities. I further release and hold harmless the municipality, its agents and employees, from any and all claims, for any responsibility, liability, penalty, forfeiture, suit, cost and expenses (including attorney's fees), with respect to any and all injuries and claims resulting from any and all recreational activities, or the use of and all recreational facilities of the municipality even if the same should arise from the negligence of the municipality. This agreement will remain in full force and effect until receipt is acknowledged by the Two Rivers Parks & Recreation Department of a revocation of this Relinquishment of Claims, Release and Hold Harmless Agreement.

FITNESS CENTER MEMBERSHIPS ARE NON-REFUNDABLE.

Damages: *I understand the conditions of this application and agree to pay for any damage arising from use of this City facility. The individual or group agrees to be responsible for any damage caused to the event venue or its property during the rental. Any damage will be assessed by the City and the cost of repair or replacement will be invoiced to the individual or group. The individual or group agrees to pay for any damage within 30 days of receiving the invoice. If damage occurs during the event, the individual or group must notify the City immediately. The City will assess the damage and provide an estimate of the repair or replacement cost within a reasonable time frame. The individual or group agrees to cooperate fully with the City to resolve any damage claims. If the individual or group fails to pay for damages within 30 days of receiving the invoice, the City may refuse to allow the individual or group to book any future events until the damages are paid in full. My signature and/or payment indicates my agreement with these terms.*

Signature of Membership Holder

X _____

Date: _____

Exp Date: _____ **Total:** _____