**West Arundel Swim Club, P.O. Box 682, Laurel, MD 20725**

**Seasonal Pass Agreement**

**Before 5/28 - Mail/Drop off -** WASC Membership, 3375 Horsehead So., Laurel, MD 20724.

**Starting 5/28- Drop off** at the pool during operational hours

**FEE: $205.00**

***Article III, Section 3. (a)*** *the family membership, which shall be issued in the name of the head of household, shall mean and include you, your spouse, parents residing with you, senior citizen parents and each of your unmarried children, but shall not include others that reside in the same household. The word children shall mean and include your own children, step-children, children for whom you have been granted legal guardianship, and foster children who live with you in a regular parent-child relationship.*

If an individual is not covered by your family membership as stated above and that person is a resident of your home, you may purchase a seasonal pass for that person. Typically these season passes benefit non-family members as well as family members (niece, nephew, cousin, brother, or sister) who are not covered under your family membership as described in the WASC By-Laws. The person on this application will be issued a membership card.

-The membership card must be presented to the front gate attendant when entering the West Arundel Swim Club

-Proof of residence at your residence will be required (driver’s license or cell phone bill showing proof of residence)

-The cost to add a family member/friend to your membership is **$205.00** and may be increased with the approval of the

Board of Directors.

| **Family Name** | | | | | **Membership ID** |
| --- | --- | --- | --- | --- | --- |
| **Seasonal Pass Recipient’s Name** | | | | **Relationship to member** | **Birth Date (MM/DD/YYYY)** |
| **Cell #** | | **Email** | | | |

**The family member/friend listed above is a resident of our home. I/We agree to be responsible for the individual listed above and hereby apply to have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name) added to our membership for the current swim season. I/We do realize that this family member/friend is a season pass member and is only valid for the current swim season. As the owner of share # \_\_\_\_\_\_\_\_, I/We take responsibility for the individual listed above.**

To the fullest extent permitted by law, I hereby waive any rights I may have to sue the West Arundel Swim Club, its owners, officers, directors, employees, staff members, volunteers, any other club members with respect to personal injury (including death) or property damage suffered by myself, my family or my sponsored guests as a result of our participation in the swim club and hereby release the West Arundel Swim Club from any liability for such injury or damage.

I further understand and agree that the board of Directors of the West Arundel Swim Club reserves the right to discontinue any membership in the West Arundel Swim Club at any time and without compensation for any fees or dues paid by that member.

I further grant full permission to use, without recompense, any photographs, videotapes, motion pictures, recordings or any other record of this program for the promotion of the West Arundel Swim Club.

| **Member’s Signature** | **Date** |
| --- | --- |
| **Seasonal Pass Recipient's Signature** | **Date** |

**Payment Method: (Check-Cash-Credit/Debit)**

▢ Payment Enclosed (Cash or Check) – **Make check payable to WASC**

▢ I wish to pay by credit/debit card. Please send an invoice to my email address. I understand that payment must be received to process my cards.

***The West Arundel Swim Club has instituted a returned check fee of $25 per occurrence.***

***If your check is returned to the Swim Club marked “insufficient Funds” the issuer will be charged $25 in addition to the original amount of the check.***