



CORNERSTONE AQUATICS CENTER

55 Buena Vista Road, West Hartford, CT 06107
860-561-8270

Program Agreement

Today's Date: _____

Program: _____ Day: _____ Time: _____

Participants Name: _____ Date of Birth: _____

Parent/Guardian Name (if participant is under the age of 18): _____

Address: _____

Phone: _____ Email: _____

Special Considerations or Concerns (special needs, health or behavioral issues, or concerns of participant):

Emergency Contact

Name: _____ Relationship: _____

Phone: _____

Important Notes:

1) Payments: Programs must be paid in full at the time of registration. The participant agrees to pay all expenses incurred by the Town of West Hartford, dba Cornerstone Aquatics Center, in the collection of this account including reasonable attorney's fees and a minimum of \$20 (or the bank's fee if higher) for each check returned by the Town's bank for insufficient funds or any other reason. Participants will pay all fees agreed upon in this contract and may be sent to collections if delinquency is not resolved.

2) Facility Usage: The participant may only attend the classes for which they have confirmed reservations, and may use the locker and shower rooms during each class. They must report to the pool area a few minutes prior to the start of each class, and leave the pool area immediately after the end of the class. Participants and their family members do NOT have the right to use the pools or fitness areas while at Cornerstone. The participant must leave Cornerstone immediately following the end of their registered program.

3) Pool Rules: All participants agree to abide by all published "pool rules." Copies are available at the front desk.

4) Check-In Procedure: Upon entering the facility, the participant is required to check in at the front desk.

5) Lockers: Lockers are provided for daily use only. Overnight lockers are not available. Upon check-in at the front desk, members can receive a locker key in exchange for their membership agreement. Only the assigned locker shall be used. The locker key must be returned to the front desk when checking out and the membership agreement will be returned to the member. A \$25 fee will be assessed for lost locker keys or keys not returned upon check-out. Cornerstone, the Town of West Hartford and, their agents, or employees shall not be liable for the loss, theft of, or damage to the personal property of members or guest. Cornerstone reserves the right to remove any article left in a locker overnight and shall not be responsible for the contents.

Cornerstone Aquatics Center is owned by the Town of West Hartford and professionally managed by HealthFitness Corporation. This agreement is with the Town of West Hartford.

BUYER'S RIGHT TO CANCEL. Lessons may be cancelled up until the start of the second day of the registered program. After the beginning of the second class, a household credit may be given with approval of the Aquatics Director.

PARTICIPANT'S HEALTH WARRANTY. By signing this agreement:

1. I warrant and represent that I/my child and the other members of a family membership have no ailments, disabilities, or impairments that will be detrimental to my health or safety, or the health and safety of others using Cornerstone's facilities or services.
2. Town of West Hartford and HealthFitness Corporation are not responsible for my/my child's actions, injuries or losses, or those of other members or my guests. If I have a doubt about my/my child's ability to participate safely in any activities at Cornerstone, I shall consult my doctor. My/my child's presence and participation in activities at Cornerstone evidence my belief that I/they can safely be at and engage in activities at Cornerstone.
3. The participant understands that in using Cornerstone's facilities, equipment, and services and in participating in Cornerstone's programs, the participant does so entirely at his or her own risk.
4. The participant waives and releases The Town of West Hartford, and all of its agents, employees, representatives, and agencies or departments and HealthFitness Corporation, its staff and volunteers from any and all liability and/or responsibility.
5. I release and waive any and all rights and claims for damages or injuries, which shall also apply to my child, assigns, executors, heirs or others.
6. I hereby grant the Town of West Hartford and/or HealthFitness to use my likeness in a photograph, video or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

SIGNATURES. I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND BOTH SIDES OF THIS AGREEMENT, ESPECIALLY THE "MEMBER'S HEALTH WARRANTY" AND THAT I HAVE RECEIVED A COPY OF THIS AGREEMENT. IN THE EVENT THAT I FAIL TO MAKE PAYMENTS UNDER THE TERMS OF THIS CONTRACT, I AUTHORIZE TOWN OF WEST HARTFORD TO CHARGE MY CREDIT CARD FOR THE FULL AMOUNT DUE.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDE HEREIN IS TRUE AND ACCURATE. I ACKNOWLEDGE AND UNDERSTAND THAT IF ANY OF THE ABOVE INFORMATION IS NOT CORRECT MY MEMBERSHIP MAY BE REVOKED, IN WHICH CASE I WILL NOT RECEIVE A REFUND OF THE PURCHASE PRICE OR ANY PORTION THEREOF.

Member Signature: _____

Date: _____