



Bay Oaks Recreational Campus Member Registration Form



PLEASE PRINT and FILL OUT COMPLETELY

Member Name _____ Card # _____

Date of Birth _____ Email _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Family Memberships

Family Member Name	Date of Birth	Programs Interested In	Card #

Membership Type

- Resident
 Individual
 Seasonal
 Gym
 Non-Resident
 Family
 Annual
 Pool
 Bay Oaks Member (Pool Only)
 Non Bay Oaks Member

For Mail-In Purposes Only	All Major Credit Cards Accepted	Make Checks Payable to Bay Oaks
Credit Card Type _____	Credit Card Number _____	Expiration Date _____
Cardholder's Signature _____		

Participant Waiver and General Release Form
Town of Fort Myers Beach, Florida

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK
FOR THE TOWN OF FORT MYERS BEACH, FLORIDA**

Please read this form carefully and be aware that in signing up and participating in Town of Fort Myers Beach (hereinafter "Town") activities/programs, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you and/or your minor child might sustain as a result of participating in any and all activities connected with and associated with Town of Fort Myers Beach programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there may be certain risks involved in participating in Town programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss that my child or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child may have (or accrue to me or my child) against the Town as a result of participating in such program/activity, including but not limited to claims against Town Officials, officers, employees, agents, independent contractors associated with such programs/activities in any capacity, Recreation Manager, Recreation Staff, and/or volunteers (hereinafter collectively referred to as "parties"). I do hereby fully release and forever discharge the parties from any and all claims for injuries, damages or loss (including but not limited to attorneys fees and/or appellate attorneys fees associated therewith, whether or not suit is filed) that my minor child or I may have or which may accrue to me or my minor child and arising out of, connected with, or in any way associated with these programs/activities or any of them.

This will certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and for myself, my heirs, assigns, and any other interested parties.

I understand that photographs, videos or other recording of my and/or my child's face, likeness, and/or voice may occur during Town programs/activities. By signing below, I hereby agree that such face, likeness and/or voice may be published by the Town in brochures, newsletters, or other advertising for the Town.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, my facsimile signature shall substitute for, and have the same legal effect as, an original form signature.

WITNESS SIGNATURE

PARTICIPANT SIGNATURE

PRINTED NAME:

PRINTED NAME

DATE

DATE

IF APPLICABLE:

NAME OF MINOR CHILD(REN): _____

WITNESS SIGNATURE

PARENT/GUARDIAN SIGNATURE

PRINTED NAME:

PRINTED NAME

DATE

DATE