



**City of Columbia  
Parks and Recreation Department**

Membership Rates	Individual	Senior	Yearly Family Memberships - Only
	Year \$75	Year \$55	\$37.50 each additional member
	6 Months \$60	6 Months \$40	\$27.50 each additional senior member
	3 Months \$40	3 Months \$30	
	1 Month \$20	1 Month \$20	Replacement Lost Card \$5 per card

**Member Information (please print)** Date \_\_\_\_\_

Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Other Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Apartment \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Male/Female \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_

**Emergency Contact (other phone numbers than listed above)**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Family Membership Information**

Name	M/F	Relationship	DOB mm/dd/year	Height	Hair Color
			/ /		
			/ /		
			/ /		

**Disclaimer/Hold Harmless Statement**

I/We agree to waive, indemnify and hold harmless the City of Columbia, Tennessee, its officers, agents and employees from and against any and all losses or expenses (including attorney's fees) by reason of any liability imposed by law or otherwise upon the City of Columbia, Tennessee for damages due to bodily injury, loss of life, damage to personal property or any other damages arising out of or in connection with the participation in the City of Columbia, Tennessee's Parks & Recreation Programs. This agreement shall apply whether or not such injury or damage is a result of the negligence of the above named participants or the City of Columbia, Tennessee, its officers, employees or agents or due to no negligence of any party whatsoever. A copy of this authorization shall be as effective as the original.

I/We have read and acknowledge that I/We understand and agree with the terms of the hold harmless agreement above and agree to be bound by such terms.

X \_\_\_\_\_  
Signature of Member

X \_\_\_\_\_  
Printed Name of Member

X \_\_\_\_\_  
Date

**Photographic Release**

I hereby consent and authorize The Columbia Parks and Recreation Department to reproduce photographs or videos taken of my self or family for advertising and publicity purposes.

X \_\_\_\_\_  
Signature of Member

X \_\_\_\_\_  
Printed Name of Member

X \_\_\_\_\_  
Date

Office Use Only				
Payment Method _____	Amount Paid _____	Receipt Number _____	Date _____	Staff _____