



Jewish Community Center of Dallas Participant Agreement

Aaron Family JCC - 7900 Northaven Road - Dallas, TX 75230
Phone: 214-739-2737 - FAX: 214-368-4709 - jccdallas.org

MEMBERSHIP APPLICATION

NON-MEMBER

(Terms and Conditions Attached)

FOR OFFICE USE ONLY

Received by: _____ Date: _____

Promotion: Yes No Type: _____

Member Referral (name): _____

SYSTEM ID: _____

CATEGORY: _____

PLEASE PRINT CLEARLY FOR EACH PARTICIPANT

| | First Name | Last Name | Date of Birth | Gender |
|--|------------|-----------|---------------|---|
| Adult (01) Mr./Mrs./Ms./Dr./ Other _____ | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| Adult (02) Mr./Mrs./Ms./Dr./ Other _____ | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| Child (03) | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| Child (04) | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| Child (05) | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| Child (06) | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| Child (07) | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| Child (08) | | | | <input type="checkbox"/> M <input type="checkbox"/> F |

OTHER FAMILY INFORMATION

Home Address _____ Apt. # _____
City _____ State _____ Zip _____
Primary Phone _____ Phone Type Cell Home Work
Adult 01 cell _____ Adult 02 cell _____
Adult 01 email _____ Adult 02 email _____

Emergency contact name: _____
Emergency contact phone: _____
Religious Preference (optional): _____
Congregation Affiliation (optional): _____

Areas of Interest:

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Sports | <input type="checkbox"/> Fitness Equipment | <input type="checkbox"/> Teen/Tween Programming |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Group Fitness Classes | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Youth Enrichment/Dance |
| <input type="checkbox"/> Book Fest | <input type="checkbox"/> Jewish Learning | <input type="checkbox"/> Youth Performing Arts |
| <input type="checkbox"/> Camps | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Youth Sports |
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Pilates | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Film Fest | <input type="checkbox"/> Senior Programing | <input type="checkbox"/> Other: _____ |

PLEASE SEE BACK OF FORM FOR IMPORTANT LIABILITY INFORMATION AND SIGNATURE REQUIREMENTS

PARTICIPANT WAIVER AND RELEASE OF LIABILITY: READ BEFORE SIGNING

Organization Name: Jewish Community Center of Dallas, Inc. (the "J")

Participant Name _____

In consideration of being allowed to participate in any way in any program, related events and activities at the J or sponsored by the J ("programs") I on my own behalf and on behalf of any minor children for whom I am responsible appreciate and agree that:

1. The risk of injury from the activities involved in programs offered by the J may be significant, including the potential for permanent injury or even more serious consequences, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and;
2. On my own behalf and on behalf of any minor children for whom I have responsibility, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE J, other than "gross negligence" as defined by Texas law, and those affiliated with the J described in Paragraph 4 or others, and assume full responsibility for my and my minor children's participation. If anyone in my family violates any rule or policy of the J or otherwise causes a problem that in the sole discretion of the J President endangers the health, safety or welfare of anyone, the President may suspend my family's privilege to be on the J campus and participate in the J's programs, and;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself and my minor children from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my minor children, heirs, assigns, personal representatives and next of kin, HEREBY WAIVE, RELEASE, INDEMNIFY, AND HOLD HARMLESS THE J, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, and, if applicable, owners and lessors (referred to as "Releases") FOR ALL CLAIMS other than "gross negligence" as defined in Texas law in connection with any conduct regarding any program at the J or any activity sponsored by the J WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

| | | |
|-------------------------------|-------|-------|
| _____ | _____ | _____ |
| Adult Participant's Signature | Age | Date |
| _____ | _____ | _____ |
| Adult Participant's Signature | Age | Date |

This is to certify that I, as parent/guardian with legal responsibility for the above named Participant on behalf of the participant do consent and agree to his/her waiver and release as provided above of all the Releasees, and, for myself, my spouse or co-guardian, heirs, assigns, and next of kin, waive, release and agree to indemnify and hold harmless the Releasees from any and all liability, other than "gross negligence" as defined by Texas law, associated with my minor child's involvement or participation in these programs, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

| | | |
|---------------------------|-------|-------------------------|
| _____ | _____ | _____ |
| Parent/Guardian Signature | Date | Emergency Phone Numbers |