

Membership Agreement and Hold Harmless Waiver



Lunda Community Center
PO Box 1113
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Black River Falls, WI 54615
715.670.0790
lcc@lundacommunitycenter.com

SECTION 1 - PERSONAL INFORMATION

Name: _____
Last First MI

Address: _____
Street City Zip

Age: _____ DOB: _____

Home Phone: _____ Email: _____

Work Phone: _____ Employer: _____

Emergency Contact/Phone Number: _____

SECTION 2 - MEMBERSHIP RATES

Membership	Family	Adult	Student	Senior
Annual	\$ 490	\$ 350	\$ 288	\$ 288
6 Month	\$ 270	\$ 193	\$ 159	\$ 159
3 Month	\$ 147	\$ 105	\$ 87	\$ 87
1 Month	\$ 56	\$ 40	\$ 33	\$ 33
Daily	\$ 10	\$ 5	\$ 3	\$ 3
Walking Track (Daily)	--	\$1	\$1	\$1
Walking Track (1 Month)	\$ 20	\$ 10	\$ 10	\$ 10
Walking Track (Annual)	\$ 100	\$ 100	\$ 100	\$ 100
Hub (Ages 55+)	--	--	--	\$6/Month

How did you hear about us?!

- Facebook
- Website
- Friend: Referred by _____
- Other: _____

List all additional family members included under this membership: (A family membership is defined as a maximum of two adults with a maximum of 6 dependents up to the age of 25 living in the same house.)

Name_____ DOB_____ Age_____

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Name_____ DOB_____ Age_____

Name_____ DOB_____ Age_____

Name_____ DOB_____ Age_____

MEMBER RESPONSIBILITIES:

- I assume full responsibility for any minors in my charge, ages 17 and under.
- Members ages 11 and under need to be directly supervised by their parent/guardian/adult while in attendance at the Lunda Community Center and it is the responsibility of that supervising parent/guardian/adult to keep them safe, ensure that they show respect to people and property, and use the facility responsibly.

