



## Membership Registration Form

- Memberships include access to: Fitness Classes on a first come, first serve basis, Lap Pool, Leisure Pool, Lazy River, Slide, Fitness Rooms, Shower Facilities and Locker Rooms on a daily basis.
- Overnight use of a Locker is not included in a Membership. Locker Rentals are available for purchase.
- Enrichment classes are not included in membership.
- Personal Training and Private Lessons are not included in membership.
- One Weight Room Orientation per year is available free to every member.
- All participants must have a current, signed waiver on file to use the facility or attend classes.
- **Members and member guests must follow all Center policies at all times** including age restrictions, dress code and MCRPD code of conduct. For a list of policies please inquire at the front desk.
- **No refunds or Center credits will be provided. Advance payment in full is required.**

### TYPE OF MEMBERSHIP:

- 10 Visit Pass   
  1 Month Membership   
  6 Month Recurring   
  Year Membership  
 Renew Active   
  Prime/Fitness your way   
  Silver Sneakers

ID Number if applicable: \_\_\_\_\_

### GUEST INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Family Information (For Couple or Family Passes Only):

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth: \_\_\_\_\_



**AQUATIC FACILITIES, FITNESS, AND EXERCISE**  
**WAIVER AND RELEASE**

In consideration for being permitted by the Mendocino Coast Recreation & Park District, to use the recreation facility, including participation in fitness and exercise classes and use of fitness and exercise equipment, the aquatic facilities, including use of pools, slides, diving boards, locker room and shower facilities, and participation in aquatic classes I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of use and or participation in said activities.

This release is intended to discharge in advance the Mendocino Coast Recreation & Park District and its officers, employees, and agents, and the City of Fort Bragg, in its capacity as the owner of the facilities, and its officers, employees, and agents, from any and all liability arising out of or connected in any way with my use or participation in said activities, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is understood that these activities involve an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activities.

**PHOTOGRAPHIC RELEASE:** I understand that photographs may be taken during these activities and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials.

**PARENTAL CONSENT:** (to be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent that my son/daughter, \_\_\_\_\_ may use or participate in the above activities, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate use such facilities including participation such activities. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE MENDOCINO COAST RECREATION & PARK DISTRICT AND THE CITY OF FORT BRAGG, IN ITS CAPACITY AS THE OWNER OF THE FACILITIES, AND I SIGN IT OF MY FREE WILL.**

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Signature

Name (Printed)

Date

**MENDOCINO COAST RECREATION AND PARK DISTRICT**

**C. V. Starr Community Center Membership**

**COVID-19 Informed Consent, Acknowledgment of Risk, and Waiver & Release of Liability**

Information about COVID-19 and Risks of Participation

The current pandemic health emergency is related to the highly contagious novel coronavirus (“COVID-19”). COVID-19 is an illness caused by a virus that can spread from person to person, primarily through respiratory droplets. Recent data suggest that there can be transmission of COVID-19 through respiratory droplets of those with mild (or no) symptoms or those who do not feel ill. COVID-19 symptoms can range from mild (or no) symptoms to severe illness. Symptoms of COVID-19 may include, among other symptoms, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, headache, congestion or runny nose, muscle or body aches, sore throat, new loss of smell or taste, nausea or vomiting, and diarrhea. The estimated incubation period is between 2 and 14 days with a median of 4 to 5 days. It is important to note that some people become infected and do not develop any symptoms or feel unwell.

The impact of COVID-19 on the health of the public is not yet fully known. COVID-19 is a new disease and there are limited data and information about the impact of many underlying medical conditions on the risk for severe illness from COVID-19. Severe illness from COVID-19 is defined as hospitalization, admission to the intensive care unit (ICU), intubation or mechanical ventilation, or death.

Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. Additionally, adults of any age with the following conditions are at increased risk of severe illness from the virus that causes COVID-19: cancer; chronic kidney disease; COPD (chronic obstructive pulmonary disease); Down Syndrome; heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies; immunocompromised state (weakened immune system) from solid organ transplant; obesity; severe obesity; pregnancy; sickle cell disease; smoking; and type 2 diabetes. Adults of any age with other medical conditions not listed here might be at increased risk for severe illness from the virus that causes COVID-19. As more data become available, additional risk factors for severe COVID-19 may be identified.

While fewer children have been sick with COVID-19 compared to adults, children can be infected with the virus that causes COVID-19, can get sick from COVID-19, and can spread the virus that causes COVID-19 to others. Children, like adults, who have COVID-19 but have no symptoms can still spread the virus to others. Most children with COVID-19 have mild symptoms or have no symptoms at all. However, some children can get severely ill from COVID-19 and might require hospitalization, intensive care, or a ventilator to help them breathe. In rare cases, they might die. Babies under one year old and children with certain underlying medical conditions might be at increased risk for severe illness from COVID-19. Children with the following conditions, among others not listed here, might be at increased risk for severe illness: asthma or chronic lung disease; diabetes; genetic, neurologic, or metabolic conditions; sickle cell disease; heart disease since birth; immunosuppression (weakened immune system due to certain medical conditions or being on medications that weaken the immune system); medical complexity (children with multiple chronic conditions that affect many parts of the body, or are dependent on technology and other significant supports for daily life); and obesity. The Centers for Disease Control and Prevention (CDC) and partners are investigating a rare but serious medical condition associated with COVID-19 in children called Multisystem Inflammatory Syndrome in Children (MIS-C). It is not yet known what causes MIS-C and who is at increased risk for developing it.

While there are now authorized and recommended vaccines to prevent COVID-19 in the United States, there is currently a limited supply of these vaccines. In addition, multiple variants of the virus that causes COVID-19 have been documented in the United States and globally during this pandemic. Therefore, the best way to prevent illness is to avoid being exposed to the virus that causes COVID-19. The CDC also advises, among other precautionary measures, that individuals should:

- cover their mouth and nose with a mask when around others;
- stay at least six feet away from others who do not live with them;

## MCRPD and CVSCC COVID-19 Informed Consent, Acknowledgment of Risk and Waiver and Release of Liability

- avoid crowds;
- avoid indoor spaces that do not offer fresh air from the outdoors as much as possible, and if indoors, bring in fresh air by opening windows and doors, if possible;
- wash their hands often with soap and water for at least 20 seconds or use a hand sanitizer that contains at least 60% alcohol if soap and water are not readily available;
- cover coughs and sneezes; clean and disinfect frequently touched surfaces daily;
- monitor their health daily; and
- stay home and isolate from others when sick.

Additional information regarding COVID-19, is available online with the following public health resources:

- CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- State of California website at <https://covid19.ca.gov/>
- California Department of Public Health website at <https://www.cdph.ca.gov/>
- County Public Health <https://www.mendocinocounty.org/community/novel-coronavirus>

Although The Mendocino Coast Recreation and Park District has implemented certain preventative measures consistent with applicable rules, regulations, federal and state orders and guidance, and guidance from public health officials related to COVID-19, The Mendocino Coast Recreation and Park District cannot ensure that participants and/or their families or others in the participant's household will not become infected with COVID-19. Moreover, The Mendocino Coast Recreation and Park District cannot protect against exposure to or infection by COVID-19 that occurs due to the actions, omissions, and/or negligence of participants or others, including The Mendocino Coast Recreation and Park District staff members.

### California Public Health Guidance for Organized Sports and Recreation

COVID-19 continues to pose a severe risk to communities and requires all people in California to follow recommended precautions. The California Department of Public Health ("CDPH") issued revised public health guidance for youth and adult sports on February 19, 2021. The guidance is intended to provide direction on all organized youth and recreational adult sports activities to support a safe environment for these sports.

Additionally, the guidance applies to all **organized** youth sports and recreation— including school- and community-sponsored programs, and privately-organized clubs and leagues — and adult recreational sports. The guidance may be subject to change as new information becomes available. You are encouraged to regularly consult updated health guidance information as well as specific guidance for sports and recreation including the following websites:

- American Academy of Pediatrics website at <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>
- CDPH website at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/outdoor-indoor-recreational-sports.aspx>

### Informed Consent, Acknowledgement of Risk, & Waiver and Release of Liability

Before the participant may participate in the above-referenced activity, The Mendocino Coast Recreation and Park District requires that the participant or its Parent/Guardian read the information in this Notice, the enclosed materials, and sign below to ensure they are informed of and understand the risks related to COVID-19 that are associated with participation in sports and recreational activities.

In signing the below, you attest that you have read the Notice and understand the risks related COVID-19 that are associated with participation in the above-referenced activity. You further understand that there are cardiovascular and other health and safety risks associated with returning to athletic activities after COVID-19 infection. You also acknowledge that the health and safety risks posed by COVID-19 cannot be eliminated, despite the implementation of reasonable and age-appropriate precautions and protocols. You further understand that because of the COVID-19

MCRPD and CVSCC COVID-19 Informed Consent, Acknowledgment of Risk and Waiver and Release of Liability

pandemic and the risk of transmission inherent in sports participation, the CDPH has categorized youth and adult sports into four tiers based upon their level of contact and transmission risk. You also acknowledge that there may be risks associated with adhering to certain mitigation strategies recommended and/or required by the CDPH such as wearing a face covering mask that completely covers the nose and mouth, including during active play. Finally, given the unknown nature of COVID-19, you understand that it is not possible to list each and every specific risk associated with COVID-19 and that neither The Mendocino Coast Recreation and Park District nor public health officials can guarantee that any participant will not come into contact with someone infected by COVID-19 and/or contract such illness.

I understand that the choice to participate in the above-referenced activity is voluntary. By opting to participate, I agree to abide by any such health and safety protocols The Mendocino Coast Recreation and Park District may require. I understand that promoting public health is a shared responsibility and that every member of the community must do his/her part to minimize risks.

In consideration for being permitted by The Mendocino Coast Recreation and Park District to participate in the above-referenced activity, I fully **ASSUME ALL RISKS**, inherent and otherwise, whether or not described above, in connection with participation in the activity and hereby waive, release, and discharge any and all claims for damages for injury, harm, or illness including, but not limited to contracting COVID-19, which may in any way relate to participation in said activity. This release is intended to discharge in advance The Mendocino Coast Recreation and Park District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my son/daughter, \_\_\_\_\_, participate in the above-referenced activity, and I hereby execute the above COVID-19 Informed Consent, Acknowledgment of Risk, and Waiver & Release of Liability on his/her behalf.

**I HAVE CAREFULLY READ AND UNDERSTAND THE NOTICE ABOVE (INCLUDING THE INFORMATION ABOUT COVID-19 AND THE RISKS OF PARTICIPATION) AND HEREBY KNOWINGLY AND WILLING CONSENT TO THE PARTICIPATION IN THE ABOVE-REFERENCED SPORT/ACTIVITY.**

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Signature

Name (Printed)

Date

## **MENDOCINO COAST RECREATION AND PARK DISTRICT**

### **C. V. Starr Community Center Membership**

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- stay at least six feet away from others who do not live with them;
- avoid crowds;
- avoid indoor spaces that do not offer fresh air from the outdoors as much as possible, and if indoors, bring in fresh air by opening windows and doors, if possible;
- wash their hands often with soap and water for at least 20 seconds or use a hand sanitizer that contains at least 60% alcohol if soap and water are not readily available;
- cover coughs and sneezes; clean and disinfect frequently touched surfaces daily;
- monitor their health daily; and
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- CDPH website at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/outdoor-indoor-recreational-sports.aspx>

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PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my son/daughter, \_\_\_\_\_, participate in the above-referenced activity, and I hereby execute the above COVID-19 Informed Consent, Acknowledgment of Risk, and Waiver & Release of Liability on his/her behalf.

**I HAVE CAREFULLY READ AND UNDERSTAND THE NOTICE ABOVE (INCLUDING THE INFORMATION ABOUT COVID-19 AND THE RISKS OF PARTICIPATION) AND HEREBY KNOWINGLY AND WILLING CONSENT TO THE PARTICIPATION IN THE ABOVE-REFERENCED SPORT/ACTIVITY.**

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Signature

Name (Printed)

Date



## Monthly Recurring Auto-Deduct Membership Credit/Debit Card Authorization Form

I hereby authorize **C.V. Starr Center** to make recurring charges to my credit/debit card listed below and if necessary, to initiate credit entries and adjustments for any transactions credited or debited in error to such account. This authority is to *remain in effect until C.V. Starr Center has received written notification from me (or either of us) of its termination. Termination of the auto-deduct payments will take effect 30 days after notification of intent to terminate is received by C.V. Starr Center. I acknowledge that there is a six month minimum commitment for monthly recurring memberships.* I also understand that if my credit card is denied by my credit card company, it is my responsibility to pay my pass fees, and if applicable locker rentals, on or before the first of the month. If pass fees are not paid by the first of the month, my facility rights will be cancelled.

***There is a six month minimum commitment for monthly recurring memberships.***

**CHECK PREFERENCES BELOW:**

- YES** – I would like to participate in the Auto Credit/Debit Program. Please charge my credit card based on the information below. I understand that the monthly charge will include my pass dues and locker rental, if applicable, and will be deducted from my account on the 26<sup>th</sup> of each month.
- CHANGE** – Please change my Credit/Debit Card Account based on the information below.
- STOP** – Please stop my participation in the Auto Credit/Debit Program.

Name on Card	Credit Card #	Expiration date
Signature of Card Holder Party	Date	CVC (three digits)

**Primary Name on Membership \_\_\_\_\_**  
(Please print legibly)

Entered: \_\_\_\_\_      Initials: \_\_\_\_\_

## Mensual Periódico Deducción -Automática Membresía Crédito/Debito Tarjeta Autorización .Forma

Por la presente autorizo **C.V. Starr Center** para hacer cargos a mi tarjeta de crédito / débito se enumeran a continuación se repite y si es necesario, para iniciar entradas de crédito y los ajustes de las transacciones abonadas y adeudadas por error a dicha cuenta. Esta autorización **permanecerá en efecto hasta C.V. Starr Center ha recibido notificación escrita de mí (o cualquiera de nosotros) de su terminación. La terminación de los pagos de auto-Deducir entrará en vigor 30 días después de la notificación de la intención de terminar es recibida por C.V. Centro de Starr. Reconozco que hay un compromiso mínimo de seis meses para las membresías mensuales recurrentes.** También entiendo que si mi tarjeta de crédito es negado por mi compañía de tarjeta de crédito, que es mi responsabilidad de pagar mis honorarios de pase, y si alquiler de casilleros correspondientes, en o antes del primer día del mes. Si los honorarios de paso no son pagados por el primer día del mes, se cancelarán mis derechos de instalaciones.

**Hay un compromiso mínimo de seis meses para las membresías mensuales recurrentes.**

### MARQUE SU PREFERENCIA ABAJO:

- SI** – Me gustaría participar en el Programa de Auto de crédito / débito. Por favor, cargue mi tarjeta de crédito en base a la siguiente información. Entiendo que el cargo mensual incluirá mis cuotas de paso y alquiler de vestuario, en su caso, y será deducido de mi cuenta el día 26 de cada mes.
- CAMBIO** – Por favor Cambie mi Cuenta de Tarjeta Cerdito/Debito basado en la Información abajo.
- PARE** – Por favor pare mi Participación en el Programa Auto Crédito/Debito.

Nombre en la Tarjeta	# de la Tarjeta	Fecha de Vencimiento
Firma de la Parte Titular de la Tarjeta	Fecha	CVC (Últimos Tres Dígitos de Atrás)

**Nombre Principal de la membresía** \_\_\_\_\_  
(Por favor Imprima Legiblemente)

Entered: \_\_\_\_\_ Initials: \_\_\_\_\_