

## *Membership Application*

To join the Emory Valley Pool, submit this application and waiver of liability via email or postal mail. Send your payment to: **EVRC, P.O. Box 4094, Oak Ridge, TN 37831**

**For questions about Membership, please contact  
Karen Wilson: 865-806-0734 or e-mail [wilsonb2k@bellsouth.net](mailto:wilsonb2k@bellsouth.net)**

Date: \_\_\_\_\_ Referred by (member name): \_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

**Family Members at above address & Emergency Contact Names/Phone #s (parents or other adults who can be notified in case an emergency or illness occurs at the pool) need to be listed on Waiver of Liability. This form is required by our insurance carrier. A copy will be kept at the pool to verify membership, and provide emergency information.**

### TYPE OF MEMBERSHIP REQUEST

\_\_\_\_\_ **PERMANENT MEMBERSHIP**--Permanent members have full voting rights and have the opportunity to serve on the EVRC board in lieu of annual membership dues.

Initial Membership Fee: \$700.00 (Paid in full or \$350.00 down and the balance due (\$350) by May 15 of the next year).

**\$350.00** of the membership fee will be returned to you when you relinquish your membership to EVRC.

Annual Permanent Membership Dues: \$370.00, and are due and payable prior to May 15th each year.

\_\_\_\_\_ **SUMMER MEMBERSHIP**

Annual Summer Membership Dues: \$400 Summer Memberships are renewable each year at your request.

\*\*\*\*\* (ITEMS BELOW TO BE COMPLETED BY BOARD MEMBER) \*\*\*\*\*

**DATE ACCEPTED** \_\_\_\_\_ **Permanent Member CERTIFICATE NO.** \_\_\_\_\_

**MEMBERSHIP TRANSFERRED TO** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Membership Application Approved/Completed by:** \_\_\_\_\_

**EMORY VALLEY RECREATION CLUB SWIMMING POOL & Facilities  
WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

In consideration for being permitted to use the Emory Valley Recreation Club swimming pool and facilities, the undersigned adult, parent, legal guardian, or authorized agent of a parent or legal guardian of a minor acknowledges and voluntarily agrees to the following:

1. Permanent Members, Special Members and Guests will abide by all policies, procedures, and rules regarding the swimming pool and facilities; it is the responsibility of each to read the pool rules.
2. Permanent Members, Special Members and Guests hereby assume(s) all of the risk of using the swimming pool and facilities and holds the Emory Valley Recreation Club, its members, agents, directors, officers, committee members, trustees, or affiliates harmless from any and all liability actions, demands, damages, expenses, cost, claims, and causes of action of any nature in respect to injury, including death, loss or damage to self, child, guest(s) or personal property however caused as a result of or in any way related to the use of the swimming pool and facilities, including all areas around the pool and grounds;
3. Permanent Members, Special Members and Guests agree not to allow any child under the age of 18 to use the swimming pool facilities without adult supervision, during the hours without a lifeguard and that the pool gate key will not be given to any child under the age of 18.

In signing this waiver of liability and assumption of risk form, I affirm that I have read and understand this form in its entirety and that I am responsible and liable for guest(s) whom I allow access to Emory Valley Recreation Club swimming pool and/or facilities. I also acknowledge that I have read, and understand the by-laws and pool rules and will abide by such.\* (\*EVRC by-laws and pool rules can be found on our website: [www.emoryvalleypool.com](http://www.emoryvalleypool.com))

\_\_\_\_\_  
Print name and sign as Adult Family Member

\_\_\_\_\_  
Home and cell phone numbers

\_\_\_\_\_  
Print name and sign as Adult Family Member

\_\_\_\_\_  
Home and cell Phone numbers

\_\_\_\_\_  
Address of Emory Valley Recreation Club Member Family

Please provide: Two Emergency contact names/phone numbers (parents or other), individual names, children's ages, and medical conditions/severe allergies of all family members living at the above address authorized to use the Emory Valley Recreation Club Swimming Pool and facilities, so that we will have them on file in case of emergency.

Member Family Name/Address \_\_\_\_\_

Individual Names/Ages	Medical Conditions/Allergies
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Emergency Contacts (name, relation and phone):

\_\_\_\_\_

\_\_\_\_\_