Northeastern Junior College
Bank of Colorado Event Center
Membership Agreement 2017-2018

Date ____/_____/____

Name_____

Home Address (City, State & Zip) _____

Birthdate ____/_____/____ Cell Phone (____)_____

Emergency Contact _____ Relationship _____

Emergency Contact Number (____)_____

My failure to regularly attending or use the Bank of Colorado Event Center facilities does not relieve me of my obligation regardless of the circumstances to pay the membership fees in full.

The undersigned applicant hereby represents that applicant and relevant family members who are physically capable of participation in sports and conditioning programs and will not perform any activity that will injure the undersigned or other will engaging in such program. It is the member or guest's responsibility to obtain medical clearance from a physician if in questionable health or aging. The application understands that the use of the Bank of Colorado Event Center facilities is a the sole risk of each member or guest and agrees to hold the Bank of Colorado Event Center harmless for any damages, fees or claims by applicant, applicant's minor children or guests arising from any cause whatsoever including, but not limited to negligence of guests of the center.

The undersigned applicant is to be aware that the Bank of Colorado Event Center is in no way diagnosing any health problems, if there are any concerns regarding health; a medical clearance needs to be obtained by a physician. Management reserves the right to call emergency medical aid for an injured member or guest and said member or guest accepts responsibility for any financial obligation arising from such emergency medical aid or transportation to a medical facility.

The member or guest is to be aware that personal items are the sole responsibility of the member or guest and the Bank of Colorado Event Center and its staff shall not be responsible for lost or stolen items.

IMPORTANT – READ ABOVE PRIOR TO SIGNING

_____ _____ _____ _____

Application Prepared by ***Date*** ***Member Signature*** ***Date***

EC STAFF SIGNATURE	EXPIRATION DATE	PAYMENT METHOD