**PROVINCE LINE SWIM CLUB - APPLICATION FOR MEMBERSHIP** (rev: 4-27-2023)

We hereby apply for membership in the Province Line Swim Club, Inc.

We understand the price of membership to be $650.00, payable over two years. We understand that, following acceptance of our application, we have one (1) month, to purchase membership; or, at our election, we may make two (2) equal payments, the first due within one (1) month following approval and the second due on or before May 15th of the year following election into the club.

We understand that there will be yearly dues of an amount determined by the trustees, currently set at $850.00/year.

We agree that upon becoming approved as members we shall abide by the rules and regulations of the club.

It is expressly understood that we are applying for membership to the Province Line Swim Club, Inc. and recognize our obligation to cooperate with the membership by contributing our time and effort to assist in maintaining and operating the pool and other facilities of the club. We understand that our refusal to cooperate shall in itself be sufficient grounds for the club to terminate our membership.

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Children names and birth-dates:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail or scan and email your completed original application to:**

PLSC Membership Secretary

446 Hollow Road

Skillman, NJ 08558

Email: info@plswim.com

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE OF ALL CLAIMS**

The undersigned, a member or members of the Province Line Swim Club, have inspected the premises whereon the pool facilities of the Province Line Swim Club are located (the "Premises" and know the risks and dangers involved in swimming and related activities, and that unanticipated and unexpected dangers may arise during such activities. We assume all risk of injury to our person and property that may be sustained in connection with the stated and associated activities, in and about the Premises.

For good an valuable consideration, we hereby, for ourselves, our heirs, administrators, and assigns, release and discharge the owners, members, operators, instructors and sponsors of the Premises and all activities associated therewith and their respective agents, officers, owners, operators, and officials, and all other participants in the stated activities of and from all claims, demands, actions and causes of action of any sort, for injuries sustained to our person and/or our property during our presence on the Premises and our participation in the stated activities due to negligence or any other fault, except in the amount covered by liability insurance.

In addition, the undersigned hereby agree to hold harmless, indemnify and defend the Province Line Swim Club and its members of and from all claims, demands, actions, and causes of actions of any sorts, for injuries sustained to the personal property of any guest or guests of the undersigned in connection with the stated activities due to negligence or any other fault, except in the amount covered by liability insurance.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND HAVE HAD THE OPPORTUNITY TO CONSULT WITH LEGAL COUNSEL REGARDING THE CONTENT AND MEANING OF THE RELEASE IF I HAD ANY QUESTIONS.

IN WITNESS WHEREOF, we have executed this Release on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

PARENT/ADULT SIGNATURES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN ON BEHALF OF CHILDREN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ON BEHALF OF

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ON BEHALF OF

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ON BEHALF OF

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ON BEHALF OF