

COMPLETED ONLINE



SHER-LE-MON SWIM CLUB

P.O. BOX 55

MANVILLE, RI 02838

2024



I hereby make application for membership in the Sher-Le-Mon Swim Club for the above season.

TYPE OF MEMBERSHIP: FAMILY \_\_\_\_\_ 2 PERSON \_\_\_\_\_ SINGLE \_\_\_\_\_ ASSOCIATE \_\_\_\_\_

2 PERSON (SENIOR) \_\_\_\_\_ SINGLE (SENIOR) \_\_\_\_\_

First Name

Last Name

Birth Date

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

Please list adults/parents/guardians first when applicable, followed by children.

Note for Child information: Family membership should not include children 23 years of age or older. Those adult children are required to have a separate associate membership and fee which will be an extension of the family or 2 person membership.

**NOTE** - Please remember to provide proof of age with application for Senior memberships.

ADDRESS \_\_\_\_\_ PH1 \_\_\_\_\_ H / C  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PH2 \_\_\_\_\_ H / C  
 E-MAIL1 \_\_\_\_\_ PH3 \_\_\_\_\_ H / C  
 E-MAIL2 \_\_\_\_\_

I hereby on behalf of myself, my family, and my guests, our heirs, executors and/or administrators, waive and release any and all rights or claims for damages I may have against Sher-Le-Mon Swim Club, its successors and/or assigns for any and all injuries, losses or damages of any kind whatsoever suffered by me, my family, and my guests while using the facilities of the Club.

RENEWAL \_\_\_\_\_ NEW APPLICANT \_\_\_\_\_ \*\*\* NO REFUNDS \*\*\*

**Total membership fee or first installment payment must accompany fully completed application.**

Dues Payment Method: Total Amount \$ \_\_\_\_\_ or First Installment payment \$ \_\_\_\_\_

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

**Please do not write below this line**

Date Received \_\_\_\_\_ Amount of Check \_\_\_\_\_ By \_\_\_\_\_

**PLEASE INCLUDE WITH  
INSTALLMENT PAYMENT 2**

**Due no later than April 15, 2024**

1. \_\_\_\_\_  
Name: Please Print

2. \_\_\_\_\_  
Street:

3. \_\_\_\_\_ State Zip  
Town/City

**4. TYPE OF MEMBERSHIP:**

Family  2 Person  Single  Associate   
2 Person (Senior)  Single (Senior)

5. Amount Enclosed \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE INCLUDE WITH  
INSTALLMENT PAYMENT 3**

**Due no later than May 15, 2024**

1. \_\_\_\_\_  
Name: Please Print

2. \_\_\_\_\_  
Street:

3. \_\_\_\_\_ State Zip  
Town/City

**4. TYPE OF MEMBERSHIP:**

Family  2 Person  Single  Associate   
2 Person (Senior)  Single (Senior)

5. Amount Enclosed \_\_\_\_\_ Date \_\_\_\_\_

**SHER-LE-MON SWIM CLUB**  
**P.O. BOX 55**  
**MANVILLE, RI 02838**

THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the right to bring a court action on behalf of yourself and all individuals listed on your membership application including any minor children to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your membership, participation and/or activity at the Sher-Le-Mon Swim Club, Inc. (hereinafter "the Club"), now or at any time in the future.

ACKNOWLEDGMENT OF RISK I hereby acknowledge and agree that participation in any Club activity comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any activity or program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria.

I further acknowledge that the preceding list is not inclusive of all possible risks associated with Club membership, any related activity or program participation and that said list in no way limits the operation of this Agreement.

CORONAVIRUS / COVID-19 WARNING & DISCLAIMER Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. I acknowledge that the use or access of the Club could increase the risk of contracting COVID-19. The Club in no way warrants that COVID-19 infection will not occur through participation in the Club or in accessing the Club facilities.

WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE In consideration of my participation and on behalf of my minor children (if applicable) in the Club activities and programs, I/we, \_\_\_\_\_, the undersigned participant(s), agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the Club its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the Club on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of the Club facilities/equipment or participation in the Club programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in any activity, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation. I hereby certify that I have full knowledge of the nature and extent of the risks

inherent in any activity or program participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in activities or programs and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in any activity or program.

I further certify that my date of birth and age noted below is accurate and that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will. I also understand that to the extent this membership extends to minor children of mine they are also identified by name below and my execution of this waiver and release is on their behalf in my capacity as his/her/their legal guardian.

IN WITNESS WHEREOF, this instrument is duly executed this \_\_\_\_\_ day of \_\_\_\_\_, in the year 2024.

Each adult on the application must complete the signature section below for themselves. Also please list all minors on the membership application.

_____	_____	_____
Name (signature)	Birth Date	Age

_____	_____	_____
Name (signature)	Birth Date	Age

Minor Children/Dependents:

Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age: