

Membership Application

BANK DRAFT AUTHORIZATION

NAME OF BANK CUSTOMER	ROUTING AND ACCOUNT NUMBERS
Name	Bank Transit Routing No.:
	Depositor's Account No.:

MAILING ADDRESS OF BANK CUSTOMER (If different from address on front)

STREET	CITY	STATE	ZIP CODE
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I have given authority to _____ (Full Name of Bank) to honor preauthorized checks drawn by you on my account for membership payments as indicated above. It is understood that your sending of a preauthorized check to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the check by charging my account, such check shall constitute my receipt for the payment. Should any preauthorized check not be honored by said bank when received by them, then it is understood that the payment is to be made by one in the amount of said payment.

Voided Check Attached

SIGNATURE OF BANK DEPOSITOR AS SHOWN ON BANK RECORDS.

PATH BANK DRAFT/MEMBERSHIP AGREEMENT

1. It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the "Home" PATH Facility a **30 DAY** written notice. I understand that I must turn in all of my membership cards upon termination.
2. The bank draft membership is a continuous membership plan. I understand that this membership will remain in effect for as long as I retain the membership card issued to me.
3. If PATH membership rates change, I understand that I will receive at least four weeks notice prior to any such change.
4. Should any membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a service charge applied by the "Home" PATH Facility. This is in addition to any service fee my bank may charge.
5. Membership cards remain the property of PATH and must be surrendered upon demand of that institution.

I understand that the PATH Facility assumes no responsibility for injuries which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result from participation of these activities. In consideration of the privileges of joining the PATH, I hereby voluntarily release and discharge the PATH Facility, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation in these activities. I understand the PATH Facility is NOT responsible for personal property lost or stolen while members and/or program participants are using PATH facilities or on PATH premises.

Signature of Member _____ Date _____

Signature of Staff _____ Date _____

PHOTOGRAPHY RELEASE

I understand that any person on my membership may be photographed, videotaped, and/or interviewed for the purpose of PATH promotional use.

Parent/Guardian Signature: _____