EPCHS SPORTS COMPLEX
POOL MEMBERSHIP
2700 W. 91st Street
Evergreen Park, Illinois 60805
708-425-7200

FEES

Resident Fee: $140
Non-Resident Fee: $280
E.P. Seniors over 65 years: $120
Non-E.P. Seniors over 65 years: $240
Resident Family of 2 Fee: $195
Additional Person Fee: $25
Non-Resident Family of 2 Fee: $390
Additional Person Fee: $35

- Membership privileges include access to the pool. Members must stay in the designated permitted areas. Pool hours are from 8 a.m. to 8 p.m.
- Credit cards and checks are accepted.
- One current form of Picture ID (Drivers license or state ID) required to prove residency.
- All members must sign a waiver of liability form.
- A parent or guardian must be present to sign a waiver form for anyone under 18 years old.
- All members must be paid in full at the time of registration.

MEMBERSHIP CONTRACT

Date:_____
Name:_____
Address:_____
Membership start date: _____
Membership end date: _____
Fee: _____

Membership Terms and Resignation:

I agree to comply with the rules and regulations of the Complex. I understand that my membership may be canceled if I am in violation of the Complex's rules and regulations and I will not be entitled to any refund of the initial fee or membership amount paid to the date of cancellation. I further understand and agree that the Complex may assign its rights under this Membership Contract without any notice to me and, in such event, I will continue to be bound by the terms of this Membership Contract. A $200.00 early termination fee will be imposed for all initiation memberships who wish to cancel before the initial 12 months. Payment of monthly dues are required with all initiation fee contracts. Delinquent dues will result in forfeited initiation fees.

Liability and Arbitration Agreement

EPCHS Sports Complex and EBT LLC. will not be liable to lawsuits, including negligence lawsuits, brought against it by its members or their guests. As material consideration for EPCHS Sports Complex and EBT LLC. permitting members to use the complex or its facilities, each member agrees to specifically assume all risks of personal injury, property loss, or other damages including risks associated with racquet sports, fitness equipment, exercise, locker room, or parking. This assumption of risk includes environmental, theft, and contagion risks in addition to risk associated with the use of the Complex's equipment, facilities or health and fitness advisory services. Further, EPCHS Sports Complex and EBT LLC. members waive any and all claims against EPCHS Sports Complex and EBT LLC owners, officers, and employees of the Complex for any personal injuries, property loss, or other damages connected to or arising out of the aforesaid risk

I agree to Complex billing procedures and terms of membership and resignation as shown above.

__I WISH TO BE BILLED ON MY CREDIT CARD ON THE 1ST OF EVERY MONTH.

__I WISH TO PAY MY BILL BY CASH OR CHECK BY THE 9TH OF EVERY MONTH, IF MY BILL IS NOT PAID, I AUTHORIZE TO BE BILLED ON MY CARD ON THE 10TH.

__IF THE CREDIT CARD PROVIDED IS DECLINED I AGREE TO PAY A $3.00 SERVICE FEE.

CREDIT CARD NUMBER: _____

EXPIRATION DATE AND CVC CODE: _____

SIGNATURE_____DATE _____

EMPLOYEE_____DATE _____