



Marinwood Community Center
 775 Miller Creek Road
 San Rafael, Ca 94903
 Phone: (415) 479-0775, Fax: (415) 479-7759
 www.marinwood.org

Pool Membership Form 2022

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

Marinwood Pool Membership: *Proof of residency may be required.*

Check one:

- | | | | |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> Marinwood Resident | <input type="checkbox"/> Family | <input type="checkbox"/> Senior (60+) | <input type="checkbox"/> Optional: 12 guest passes, \$40 |
| <input type="checkbox"/> Non-Resident | <input type="checkbox"/> Couple | <input type="checkbox"/> Senior Couple | |
| | <input type="checkbox"/> Individual | <input type="checkbox"/> Group Home | |

Persons authorized to use membership:

1. _____ D.O.B if minor: _____

2. _____ D.O.B if minor: _____

3. _____ D.O.B if minor: _____

4. _____ D.O.B if minor: _____

Additional family members:

5. _____ D.O.B if minor: _____

6. _____ D.O.B if minor: _____

Check payable to MCSD Cash

Charge: Visa/Mastercard/American Express: Card # _____

Expiration: _____ CVC: _____ Amount Paid: _____

Signature on card: _____

In consideration of accepting this registration and to the extent permitted by law, I hereby agree to release, indemnify, defend and hold harmless on behalf of myself (and any minor children for whom I have the capacity to contract) Marinwood Community Services District (MCSD) and its officers, clients, agents, employees and volunteers from and against any and all liabilities, claims, penalties, losses, or expenses (including attorneys' fees), of any kind or nature whatsoever, whether related to bodily injury, property damage or any other form of injury or loss to myself (and to any minor children for whom I have the capacity to contract), arising out of or in any way related or connected to participation in the activity for which I (and any minor children for whom I have the capacity to contract) am registering. I acknowledge that the activity to which this release applies can be dangerous, and as a result of signing below, I am voluntarily accepting those risks for myself and for any minor participants for whom I can contract. I give permission to MCSD to take photographs of me or my children while participating in this activity for use in future MCSD publicity and understand that I will not receive any compensation for such use. In case of emergency, my child may be treated by a qualified physician. The MCSD programs and facilities are available to the public without regard for race, color, national origin, or disability. Any individual that believes he/she has been subjected to discrimination may file a complaint alleging discrimination with the MCSD to U.S. Dept. of Interior, Washington D.C., 20240.

Signature: _____

Date: _____