



MEMBERSHIP FORM AND WAIVER

First Name (Adult)		
Last Name		
Spouse's Name		
Children's Names		
Mobile Phone Number	Home Phone Number	
Email Address		
Street Address		
City	State	Zip
Day Pass / Membership to Purchase		
<input type="checkbox"/> Day Pass \$7 Per Child		
<input type="checkbox"/> Monthly Family Membership \$49 Per Month Billed to Credit Card on File – Unlimited Facility Use – 30 days		
<input type="checkbox"/> 12 Month Family Membership \$249 – Unlimited Facility Use for a Household – 1 Year		

Payment Method CASH CREDIT CHECK

Please Text My Cell Phone with Offers and Specials from Sodium

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Sodium and its representatives, employees, and volunteers from any and all claims, actions or losses of bodily injury, property damage, wrongful death, losses of services or otherwise which may arise out of my participating in any activity or program related to Sodium.

I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives, employees, and volunteers of Sodium.

I have read the above waiver and release and by signing it agree; for myself and my children. I will also commit to supervising my children while at Sodium to keep the facility safe and enjoyable for everyone.

Print First Name and Last Name (Adult)

Date

Signature