



NYC Parks

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE NOTIFY: NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

**Available Membership Packages: Please ✓ one**

**Adults (Ages 25-61)**

All Recreation Centers \$150/Year \_\_\_\_\_ \$75/Six Months \_\_\_\_\_

Only Rec. Centers without Indoor Pools \$100 One Year \_\_\_\_\_

Only Rec. Centers without Indoor Pools \$50 Six Months \_\_\_\_\_

**People with Disabilities**

All Recreation Centers \$25 One Year \_\_\_\_\_

**Seniors (Ages 62+)**

All Recreation Centers \$25 One Year \_\_\_\_\_

**Veterans**

All Recreation Centers \$25 One Year \_\_\_\_\_

**Young Adults (Ages 18-24)**

All Recreation Centers \$25 One Year \_\_\_\_\_

**Youth (Ages 1-17)**

All Recreation Centers FREE WITH ID \_\_\_\_\_

**Conditions of Membership**

**Entry:**

Membership cards must be valid and must be scanned at the **FRONT DESK** before entering a recreation center. New cards are issued when enrolling in a new membership package. **A \$5.00 fee will be charged to re-issue membership cards.**

**Programs and Fees:**

Session fees may apply to Parks instructor-led sessions. Session schedules and rates are subject to change; when possible, advance notice of changes will be provided. Unauthorized personal training and other unapproved classes are strictly prohibited. Children under 16 must be participating in a Parks session or accompanied by an adult.

**Facility Maintenance and Upgrades:**

Parks attempts to keep its recreation centers open to the public as much as possible, but it may be necessary to close a portion or all of facilities for repairs and restoration. Staff will make reasonable efforts to allow members access to alternative areas during necessary upgrades and or maintenance of facilities.

**Locker Rooms:**

Personal belongings are not permitted beyond the lobby of the facility. Members wishing to bring their belongings beyond the lobby must store their items in the lockers provided, and must bring a sturdy lock to secure their own locker. Valuables should not be brought to the center. Locks left overnight will be clipped, and locker contents removed and held for thirty (30) days. **Parks is not responsible for lost or stolen property.**

**Physical Activity:**

Members must be in athletic attire and footwear to exercise or participate in fitness or sports activities. Members must be **16 years or older** to use fitness equipment unsupervised during open hours. If unsure how to operate any fitness equipment, please consult a staff member.

**Food and Beverages:**

Outside food may not be brought into the recreation center, although water in plastic bottles is permitted. Glass bottles are not permitted at any time.

**Behavior/Drug Policy/Membership Suspension and Termination:**

No drugs, alcohol, smoking, gambling, weapons, violence, profanity, or other inappropriate behavior or violations of Parks rules and regulations is permitted. Members must comply with all posted rules; all City, State, and Federal laws, rules, or regulations; Parks policies; and staff instructions. Failure to do so may result in temporary removal from the center, suspension or termination of membership.

**Management reserves the right to amend the conditions of membership without prior notice.**

*I hereby acknowledge that I have, or my child has, read and understood these Conditions of Membership.*

Member Signature \_\_\_\_\_  
(Parent or legal guardian signature if member is under 18 years old)

Date: \_\_\_\_\_

Print Name \_\_\_\_\_

**PLEASE NOTE: MEMBERSHIP & PROGRAM FEES ARE NON-REFUNDABLE AND NON-TRANSFERRABLE**

Please continue to second page.

**Recreation Center Participant Agreement, Agreement to Indemnify, and Risk Acknowledgement**

In consideration of the services of the City of New York ("City") acting by and through the New York City Department of Parks & Recreation ("Parks"), their agents, officers, participants, consultants, employees, and all persons or entities acting in any capacity on their behalf, I agree to release & discharge the City, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1: I acknowledge that participation in recreational activities entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activities. In an effort to minimize those risks, I agree to follow all instructions and wear all the required equipment provided by the staff at the recreation center.

THE RISKS INCLUDE, BUT ARE NOT LIMITED TO:

- (1) Nature of the activity.
- (2) Latent or apparent defects or conditions in equipment supplied by Parks, or other persons or entity.
- (3) Use of property by myself, others or equipment supplied by Parks, or other persons or entity.
- (4) Acts of other participants in this activity, employees, or agents of the City or Parks.
- (5) My own physical condition, or own acts or omissions.
- (6) Conditions of the Parks facility and surrounding grounds or terrain and accidents connected with their use.
- (7) First aid emergency treatment or other services.

2: I expressly agree and promise to accept and assume all risks existing in such recreational activities. My participation in these activities is purely voluntary and I elect to participate in spite of the risks.

3: I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the City from any and all claims, demands or causes of action which are in any way connected with my participation in these activities, on my use of the City's equipment or facilities, including any such claims which allege negligent acts or omissions of the City, except if such claims, demands, or causes of action arise out of gross negligence or willful misconduct of the City.

4: I expressly agree that should the City or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I shall indemnify and hold them harmless of all such fees and costs.

5: I hereby certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating or else I agree to bear costs of such injury or damage myself. I further certify that I have no medical or physical conditions, which could interfere with my safety in recreational activities, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

6: Further, I hereby give permission that any audio and/or visual images captured of me during regular activities at the recreation center through audio, photo, and/or video means will be used solely for the Parks' promotional material, multimedia, and publication purposes without further permission and any compensation to me.

By signing this document, I acknowledge that if anyone is hurt, or there is property damage during my participation in a recreation center activity a court of law may find me to have waived my right to maintain a lawsuit against the City on the basis of any claim from which I have released them herein.

**I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD THIS DOCUMENT AND I AGREE TO BE BOUND BY ITS TERMS.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**PARENT OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**

(Guardians of participants under the age of 18 must complete this section)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by the CITY to participate in its activities and use its equipment and facilities, I further agree to indemnify and hold the CITY harmless with such use or participation by Minor.

By signing this document, I acknowledge that if anyone is hurt, or property is damaged during the Minor's participation in this activity, a court of law may find me to have waived my right to maintain a lawsuit against the CITY, on the basis of any claim from which I have released them herein.

**I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ENTIRE PARTICIPANT AGREEMENT, AGREEMENT TO INDEMNIFY, & RISK ACKNOWLEDGEMENT DOCUMENT ON THE FRONT OF THIS SHEET. I HAVE READ AND UNDERSTOOD, AND I AGREE TO BE BOUND BY ITS TERMS.**

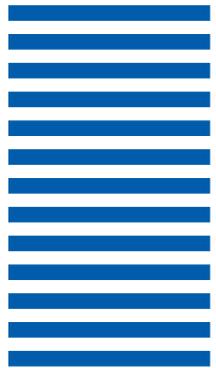
Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_





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*Board of Elections Borough Offices*



**General Office**

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New York, NY 10004-1609

Tel: 1.212.487.5300 / 1.212.487.5400

Phone Bank: 1.866.VOTE.NYC

E-mail: [electioninfo@boe.nyc.nyc.us](mailto:electioninfo@boe.nyc.nyc.us)

Web Page: [www.vote.nyc.nyc.us](http://www.vote.nyc.nyc.us)

**Borough Offices**

**Manhattan**

200 Varick Street, 10 Fl

New York, NY 10014

Tel: 1.212.886.2100

**Bronx**

1780 Grand Concourse, 5 Fl

Bronx, NY 10457

Tel: 1.718.299.9017

**Queens**

126-06 Queens Boulevard

Kew Gardens, NY 11415

Tel: 1.718.730.6730

**Brooklyn**

345 Adams Street, 4 Fl

Brooklyn, NY 11201

Tel: 1.718.797.8800

**Staten Island**

1 Edgewater Plaza, 4 Fl

Staten Island, NY 10305

Tel: 1.718.876.0079

**(Optional) Register to donate your organs and tissues**

If you would like to be an organ and tissue donor, you may enroll in the NYS Department of Health (DOH) *Donate Life*™ Registry online at [www.nyhealth.gov](http://www.nyhealth.gov) or provide your name and address below.

You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.



Last name \_\_\_\_\_

First name \_\_\_\_\_

Middle Initial  Suffix \_\_\_\_\_

Address \_\_\_\_\_

Apt. Number \_\_\_\_\_ Zip code

City \_\_\_\_\_

Birth date  /  /  Sex  M  F

Eye color \_\_\_\_\_ Height  Ft.  In.

**By signing below, you certify that you are:**

- 18 years of age or older;
- consenting to donate all of your organs and tissues for transplantation, research, or both;
- authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- and authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

\_\_\_\_\_  
Sign Date