

**Team Ridglea/Mansfield Masters**  
 6632 Eton Court, Fort Worth, Texas 76132  
 (817) 560-7665 (817) 560-7666 – Fax  
[www.teamridglea.com](http://www.teamridglea.com)

**Membership Agreement**

Please complete all information on all pages. Mail, fax, or email back to Chuck Burr. If you have any questions please contact Chuck at the number above. (Updated 05 Jan 2017)

Last Name:	First Name:
Current Address:	
City:	Zip:
Home Number:	Work Number:
Cell Number:	Alternate Number:
Email Address:	
<b>Billing Options (Choose one) - Payment by credit/debit cards only</b>	
<i>Option #1 – Pay annually and receive one month free!</i>	
<input type="checkbox"/> \$847.00 (Save \$77.00)	
<i>Option #2 – Pay Quarterly</i>	
<input type="checkbox"/> \$231.00	
<i>Option #3 – Pay Monthly</i>	
<input type="checkbox"/> \$77.00	

**VERY IMPORTANT – Please note the following:**

**Membership Freezes:** You can freeze your RIDG Membership dues. You must give a 30-day written notice to [chuckburr@sbcglobal.net](mailto:chuckburr@sbcglobal.net) to freeze your membership and specify the date you would like to resume.

**CANCELLATION POLICY:** All payments are non-refundable. You must give a 30-day written notice to [chuckburr@sbcglobal.net](mailto:chuckburr@sbcglobal.net). Your account will then be inactivated, and your membership rights terminated.

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

**Note: Dues are automatically billed on the 5<sup>th</sup> of each month. Please review CANCELLATION POLICY on page 1**

Credit/Debit Card Information:

- Visa
- Master Card
- Discover
- AMEX

Credit Card Number:

Exp. Date:

3 Digit Security Code (located on back, except AmExp - the 4 digit code on front):

Billing First Name:

Last Name:

Billing Address:

Billing City, State, Zip:

**Signature:**

**Team Ridglea/Mansfield Masters (RIDG)  
Release From Liability**

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been informed otherwise by a physician. I acknowledge that I am aware of all the risks inherent in swimming (training, competition and/or recreational), including possible injury, illness, disability or death, howsoever caused or arising, and knowingly and willingly agree to assume all of these risks. As a condition of participation, I, the undersigned, on my own behalf and on behalf of my heirs, legatees, beneficiaries, executors, administrators, legal representatives, successors and assigns, hereby agree that I am voluntarily participating and hereby assume all risk of injury, illness, disability or death, howsoever caused or arising, and do hereby indemnify, remise, release, discharge and forever hold harmless Team Ridglea/Mansfield Masters (RIDG) and any pool facility administering organizations and their respective affiliates, parents, subsidiaries, directors, officers, partners, members, managers, shareholders, employees, agents, attorneys, representatives, successors and assigns (collectively, the "Released Parties") from and against any and all actions, causes of action, suits, claims, demands, liabilities, losses, costs (including court costs), damages, awards, penalties, fines, interest and expenses (including attorney's fees), of any kind or character, asserted against, resulting to, imposed upon or incurred by the Release Parties, directly or indirectly, in any way related to, by reason of, based upon or resulting from any injury, illness, disability or death, howsoever caused or arising, sustained in connection with, arising out of, directly or indirectly resulting from or in any way connected with any RIDG practice, competition, event or activity. **THE PROVISIONS OF THIS RELEASE FROM LIABILITY WAIVER SHALL APPLY EVEN IF ANY INJURY, ILLNESS, DISABILITY OR DEATH IS CAUSED, IN WHOLE OR IN PART, BY THE SOLE, JOINT OR CONCURRENT NEGLIGENCE, STRICT LIABILITY, CONTRACTUAL LIABILITY TO THIRD PARTIES, OR OTHER FAULT, WHETHER PASSIVE OR ACTIVE, OF ANY PERSON OR ENTITY, INCLUDING, BUT NOT LIMITED TO, THE RELEASED PARTIES.** The provisions of this Release From Liability Waiver shall inure to the benefit of the Released Parties, their respective heirs, legatees, beneficiaries, executors, administrators, legal representatives, successors and assigns.

**By signing and submitting this from, you are agreeing to the terms of the 'Release from Liability'.**

**Signature:**

**Date:**