



MEMBERSHIP AGREEMENT 2018

Including Lone Swimmer's Agreement

NAME OF LEAD MEMBER:

ADDRESS OF LEAD MEMBER:

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HOME TEL:

MOBILE NO:

EMAIL ADDRESS:

(I am happy to receive future invoices via email YES/NO please indicate)

Names of Group Members
(Aged 16 and over):

1.....

2.....

3.....

4.....

5.....

6.....

7.....

MEMBERSHIP: Start Date:

Day:

Time:

Length of Session:

For the initial sum of £ for period to and then quarterly payments as requested.

Please make cheques payable to "A and S Scobie" NatWest Sort 60-21-03 A/c No 52708209

t 01787 227064 **e** pool@whites-farm.co.uk **w** www.whitesfarmswimmingpool.com

The **Lead and all Group Members** understand and accept that:

1. Signed up members **only** may swim during the session stated and that unauthorised use is not permitted.
2. I understand that a maximum of 8 swimmers may use the pool at any one time and I accept responsibility for any children under the age of 16 years who swim with my group.
3. Whites Farm Swimming Pool shall not be liable to the Members for any loss or damage caused to the property of the Member, the Member's family or guests arising from, or in conjunction with the use of and access to the pool complex and surrounds.
4. Whites Farm Swimming Pool reserves the right to refuse access or expel the Member, the Member's family or guests from the pool complex for any breach or act of negligence such as to endanger their own or others safety or if Whites Farm Swimming Pool have reason to believe that they have not observed the rules of White's Farm Swimming Pool or caused unnecessary damage which has not been reported and paid for.
5. I acknowledge receipt of a copy of the rules of Whites Farm Swimming Pool dated January 2018 which I have read in full.
6. I agree to abide by the rules attached to this agreement and to any changes or additions to the rules made from time to time by White's Farm Swimming Pool which will be posted on the notice board in the entrance lobby.
7. Whites Farm Swimming Pool reserves the right of access to the pool building at any time to show the pool to others or to carry out repairs or maintenance.
8. Whites Farm Swimming Pool reserves the right to close the pool at any time in the interest of maintenance and/or safety. The member will be offered replacement sessions for those missed.
9. **The Lead Member** will pay in advance for swimming sessions, as requested quarterly and understands that this agreement remains in place until such time as the Lead Member advises that he/she no longer wishes to continue to use the pool or fails to pay the renewal fee.
10. **Lone Swimmers** – I, the undersigned, acknowledge that there is no supervision over my lone use of the pool. I understand there is no lifeguard or video surveillance. Should I get into difficulties whilst using the pool, there is no-one who will come to my aid. I accept that it is on this basis that I may swim alone at Whites Farm Swimming Pool should I wish to do so.
11. I understand that in the event of injury or an accident, I must complete the accident book located in the family room and inform the owners.
12. I have read the Normal Operating Plan (NOP), Emergency Action Plan (EAP) and Safety Policy situated in the Family Room.

Print Name

Signed: (Lead Member)

Signed: (Guest Members)

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Date: