

WestSide Athletic Club

ADDENDUM "P" TO WESTSIDE ATHLETIC CLUB MEMBER AGREEMENT

2011 POOL SERVICE MEMBERSHIP AGREEMENT

Primary Name: _____

Membership ID: _____

Primary Key Fob ID: _____

This agreement is an addendum to your existing Member Agreement with WestSide Athletic Club. By signing this agreement you agree to pay \$_____ for use of the outdoor swimming pool from May 30th, 2011 through September 5th, 2011. I understand that this fee is in addition to the Dues I am paying for membership to the club. This fee must be paid for up front by cash, check or credit card. This fee will not be prorated and refunds will not be available.

Fee schedule (circle one):

Type	Pool Fee (Summer)
Single	\$99
Couple	\$129
Family	\$149

*****Non-Members must pay an additional one-time \$30 non-member fee and complete a WestSide standard Membership Agreement.**

Pool Hours of Operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am-7pm	7am-7pm	7am-7pm	7am-7pm	7am-2pm	8am-5pm	12pm-6pm

Classes & Swim Lessons:

Aerobic Classes & Master Swim Classes will **not** be offered. Swim lessons and clinics will be available at an extra fee.

This addendum does not alter any of the terms or rules and regulations set forth in your Member Agreement. As a reminder, please read the following excerpt that you have agreed to under section 11 of your Member Agreement:

11. USE OF FACILITIES BY MEMBER – Member/guest agrees and represents that all exercise, treatments and use of all club facilities shall be undertaken at the member's/guest's own risk that he/she is in good physical condition and physically able to undertake any and all physical exercises and treatments provided by WestSide, and that the corporation which owns WestSide and/or their respective agents and employees or the premises where the same are located, and the members does hereby expressly forever release and discharge said corporation and any affiliated companies and their respective agents and employees, from all such claims, demands, injuries, damages, actions, or causes of action. In the case of any accident, member agrees that she/he will be examined at his/her sole expense by a licensed physician who shall report in writing to both the member and the corporation owning WestSide.

I agree to the above terms as described herein:

Primary Member Name

Print Name

Date

WestSide Staff