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Membership Application

Membership Eligibility

Core Membership - Three Rivers employee & eligible family member(s)*

Platinum Membership – Three Rivers employees & eligible family member(s)*

*eligible family member(s) include spouse and/or dependents age 14-25 (and under parent/guardian's insurance)

Membership Information

Status Employee Spouse / Domestic	Dependent	Employer Name Three Rivers			
First Name		Last Name		Employ	yee ID
Address		City		State	Zip
Birth Date	Gender	Phone #	E-Mail		
Emergency Contact Name			Relation	Phone #	
Referred by					
Additional Particip	oants	Birth Date	Gender	r Relationshi	p

Conditions of Membership

All members are required to present a current, valid membership card for identification when using any of the Greater Midland Community Centers, Inc. and Corteva Agrisciences facilities. Membership cards are not transferable. As a member of these—facilities, you agree to follow the policies, procedures, and appropriate behaviors for the safety and comfort of all members and guest. Annual memberships are a one-year commitment and not eligible for downgrades, cancellations, or refunds after date of purchase.

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Photo Release

I hereby give permission to the Greater Midland Community Centers, Inc. to use any still photographs, video images, or audio recordings of me while participating at the Greater Midland Community Centers, Inc. to market and promote the Greater Midland Community Centers, Inc. in brochures, news articles, web sites, television, and/or any other media sources. I acknowledge that all photographs, video images, and/or audio recordings become the property of the Greater Midland Community Centers, Inc.

Data Privacy Statement

In addition to Personal Information that GMCC collects, controls, and processes for GMCC's purposes of providing fitness center services, GMCC provides Three Rivers personally identifiable information regarding members participating in fitness programs. Three Rivers may use this information to provide additional wellness communications to participants. Greater Midland protects the privacy of our members. We take appropriate administrative, technical and physical measures to safeguard against unauthorized processing of your payment information, and against the accidental loss of, or damage to, personal data. We maintain appropriate physical, electronic and procedural safeguards to protect information collected to process your membership. When you place an order with us, view account information, or provide financial information, we protect the transmission of such data using industry standard encryption. Access to information is restricted to employees who need to know information in the course of providing operations or services.

Waiver of Liability

In consideration of my membership and being able to participate and use Corteva Agrisciences and Greater Midland Community Center, Inc.'s ('GMCC") programs and services, I hereby release and promise not to sue Corteva Agrisciences ("Corteva"), Three Rivers Corporation, ("GMCC"), any other fitness center administrator, and their respective affiliates, successors, assigns, subsidiaries, joint ventures, officers, directors, shareholders, agents, representatives and employees, from any and all present and future claims resulting from ordinary negligence on the part of Corteva or the others listed for loss, damage, or theft of personal property, personal injury, or death, arising as a result of using the fitness facilities and equipment of Corteva and engaging in any Health Promotion activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that health promotion activities may range from vigorous cardiovascular activity (i.e., aerobics, bicycles, steppers, etc.) to the strenuous exertion of strength training (i.e., free weights, weight machines). I understand that these and other physical activities at, or sponsored by, Three Rivers involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attack, and injury to bones, joints, or muscles. I am voluntarily participating in Health Promotion activities with knowledge of dangers involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death.

I further agree to indemnify and hold harmless Corteva, Three Rivers, GMCC, and the others listed for any and all claims arising as a result of my engaging in Health Promotion activities or any activities incidental thereto, wherever, whenever, or however the same occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by law and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect.

I affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies that may be available to me for the ordinary negligence of Corteva, Three Rivers, GMCC, or any of the parties listed above. This Release does not affect any rights I may have to file for a benefit under any state workers' compensation statute.

I hereby declare that I am the parent or legal guardian of ________. I consent to allow him/her to use Corteva and GMCC facilities and we hold Corteva, Three Rivers, and GMCC harmless of any and all liability associated with its use. Parent or guardian must sign the Participant Consent for use of Corteva and GMCC facilities on behalf of the minor.

I have read, understand, and agree with the Conditions of Membership, Data Privacy Statement, Photo Release, and Waiver of Liability. In addition, I understand and agree that these are in effect throughout my membership with the Greater Midland Community Centers, Inc. and Corteva Agrisciences. I understand and agree that if the membership is interrupted for any reason, these agreements will remain in effect during the period of interruption as well as after the membership is reinstated.

•	also applies to dependen		older)			
Participant or Parent/Guardian Signature			Print Name		Date	
For Office Use Payment Type:	Auto-Draft	☐ Annual				
				Date:	Staff Initials:	