

## ANNUAL MEMBERSHIP AGREEMENT FOR GLASA

I am applying for membership to Great Lakes Adaptive Sports Association (GLASA). As a member, I understand and agree to the following terms and conditions:

### FEES AND DUES:

- There are NO initial enrollment fees.
- This is a **one-year membership** with dues payable monthly for twelve (12) consecutive months. The monthly dues for the membership are \$20 (\$10 for enrolled college students) and are to be paid each month for twelve (12) consecutive months.
- Method of payment is credit card, via Paypal.
- If you opt to pay monthly, dues are required to be paid by automatic credit card charge which will take place sometime between the 2<sup>nd</sup> and 5<sup>th</sup> day of each month for twelve (12) consecutive months. **The full amount must be paid over the year; this is not a month to month membership plan, rather a payment plan for an ANNUAL membership.**

### TERM:

All memberships are for a **twelve (12) consecutive month period** beginning on the date of application.

### RENEWAL:

Annual renewal reminders will be sent via e-mail approximately one (1) month prior to the anniversary of your application date. **If you wish to discontinue your membership, please notify GLASA in writing at least 14 days prior to your application date anniversary.** Otherwise, if a current credit card is on file, automatic renewal will occur and monthly charges will continue uninterrupted for another twelve (12) consecutive months.

### CANCELLATION:

In accordance with State of Illinois and federal law, cancellation can be initiated up to three (3) business days after signing this contract with full refund of all monies paid for the upcoming membership year.

### DEFAULT/REMEDIES:

Monthly payments will be processed automatically via credit card between the 2<sup>nd</sup> and 5<sup>th</sup> of the month. Any monthly payment which is received more than ten (10) days late (after the 10<sup>th</sup> of the month) may be subject to a late charge of \$5 per month, to cover the added administrative costs associated with same.

### MEMBERSHIP PRIVILEGES:

Membership includes access to an unlimited number of GLASA programs each year. **Benefits include unlimited access to weekly sport programs (individuals must register for each program / in some cases, a limited number of spaces are available), use of adaptive equipment during programs (with seating and positioning expertise provided), access to the**

equipment lending program (a deposit via credit card may be required), group training sessions, support services associated with school-based sport participation, one-day sport clinics, social events, a small promotional gift upon registration and participation in your first program, and more!

Please be advised that membership fees do NOT include: registration for events such as Great Lakes Regional Games/Adult National Open, Camp Trek, U of I Basketball Camp, Twilight Run & Roll, or individual personal training sessions. Furthermore, it does NOT include memberships to any sports-related associations or any travel, food, or lodging associated with sporting competitions. Those expenses are the responsibility of the individual athlete.

HEALTH-RELATED PROVISIONS:

Prior to participating in a GLASA program, the agency reserves the right to make program recommendations based on age, interest, skill, and ability. **The agency also reserves the right to deny anyone participation in a program at any time due to physical, social or emotional limitations which may inhibit safe/effective participation, endanger participants or endanger staff. In addition, GLASA reserves the right to limit the number of participants that can participate in any given program due to space, equipment or staffing availability.**

GENERAL PROVISIONS:

- a. This Contract sets forth the entire agreement between me and GLASA regarding my membership.
- b. This Contract may be amended, modified or rescinded, or any rights hereunder waived, only by written agreement signed by both me and GLASA Executive Director.
- c. If any term or provision of this Contract is found to be invalid, illegal or unenforceable, in whole or in part, the rest and remainder of this Contract shall remain in full force and effect to the fullest extent permitted by law.

I and GLASA agree to all terms of this Contract, intending to be legally bound hereby. If I am under the age of 18 years, my parent or guardian also agrees to the terms and conditions set forth herein.

# Waiver Form - GLASA

**PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF THE ADULT PARTICIPATING OR PARENT/GUARDIAN OR PARTICIPANT AS WELL AS DATE ARE NOT ON THIS WAIVER.**

**NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY TRAINING, COMPETITION, MEETING OR TESTING SESSIONS.**

**BY SIGNING THIS FORM, THE PARTICIPANT AFFIRMS HAVING READ THE WAIVER.**

**PARTICIPANT'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SPONSORING ORGANIZATIONS:** Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association

IN CONSIDERATION of being allowed to participate in any way in the sports and activities of Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association my involvement under the auspices of Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association, this sponsoring organization, I acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, dismemberment and death and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; as well as loss of or damage to property.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and,
3. I, willingly agree to comply with the stated customary terms and conditions for participation. If however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and,
4. FOR MY SELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association, THEIR OFFICERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, PARALYSIS, DISMEMBERMENT, DISABILITY, DEATH, and/or LOSS or DAMAGE TO PERSON OR PROPERTY WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE and/ or WANTON MISCONDUCT.

**PUBLICITY STATEMENT:** I DO NOT \_\_\_\_\_ grant permission for pictures taken of participant (taken by individuals; i.e. other participants, parents, etc.) and name of participant to be used by GLASA for the purpose of agency promotion and education.

**EMERGENCY TREATMENT PERMISSION:** I know that GLASA does not carry medical or accident insurance. My family's own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of each individual. I agree to emergency treatment by a physician or hospital in the event I cannot be reached.

**I HAVE READ THIS RELEASES OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
**PARTICIPANT'S SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

## **FOR PARTICIPANTS UNDER THE AGE OF 18 AT TIME OF REGISTRATION**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release but also to release and indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs for myself, my heirs, assigns and next of kin.

\_\_\_\_\_  
**PARTICIPANT'S SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

\_\_\_\_\_  
**PARENT/GUARDIAN'S SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

**EMERGENCY PHONE NUMBER:** \_\_\_\_\_



**GLASA 847-283-0908 (phone) 847-283-0973 (fax) www.glasa.org**