

**Nhulunbuy Aquatic Centre
Member Renewal Form**

Fob/Access Card Number #1: _____ Date Submitted: _____

Fob/Access Card Number #2: _____ Date Submitted: _____

Membership Number: _____ Receipt Number: _____

Member details

Surname: _____ First name: _____ Date of birth: _____

Additions to family (if any)

Surname: _____ First name: _____ Date of birth: _____

Surname: _____ First name: _____ Date of birth: _____

Surname: _____ First name: _____ Date of birth: _____

Surname: _____ First name: _____ Date of birth: _____

Change of address (if applicable)

Street address: _____

Postal address: _____

Email: _____

Phone: _____

Please refer to the Nhulunbuy Corporation's Schedule of Fees and Charges for membership costs. Barras Swimming Club members are offered a 20% discount on Nhulunbuy Aquatic Centre membership on presentation of a current Barras membership receipt

- | | |
|---|--|
| <input type="checkbox"/> Annual family pass | <input type="checkbox"/> 20 pass concession |
| <input type="checkbox"/> Annual family concession pass | <input type="checkbox"/> 20 pass adult |
| <input type="checkbox"/> Annual single pass | <input type="checkbox"/> 20 pass family |
| <input type="checkbox"/> Annual single concession | <input type="checkbox"/> 20 pass family concession |
| <input type="checkbox"/> 6 month family pass | <input type="checkbox"/> 10 pass concession |
| <input type="checkbox"/> 6 month family concession pass | <input type="checkbox"/> 10 pass adult |
| <input type="checkbox"/> 6 month single pass | <input type="checkbox"/> 10 pass family |
| <input type="checkbox"/> 6 month single concession pass | <input type="checkbox"/> 10 pass family concession |
| <input type="checkbox"/> 3 month family pass | <input type="checkbox"/> 1 month family pass |

- 3 month family concession pass
- 3 month single pass
- 3 month single concession pass
- 1 month family concession pass
- 1 month single pass
- 1 month single concession pass

Extra Fob \$22.00

Disclaimer

I/We,.....Member name/s)

of.....(street address) and PO Box.....

have applied to renew our membership with the Nhulunbuy Corporation's Nhulunbuy Aquatic Centre Club (the Club).

I/We acknowledge that such membership entitles me/and the members listed on my application form to use the Nhulunbuy Aquatic Centre operated by the Nhulunbuy Corporation (the Pool) during designated lifeguard hours only, unless I am the holder of an Out of Hours Access card.

I/We acknowledge that in order to facilitate the use of the Pool by myself/and the members listed on my application form, I have been provided with an access fob.

I/We acknowledge that it is a condition of my/our membership and a condition of entry to the Pool enclosure and the use of the Pool by ourselves/and the members listed on my application form that I give the following indemnity to the Nhulunbuy Corporation for all members listed on my application form/and myself when inside the Pool enclosure and when using the Pool.

I/We undertake that I/we or my/our personal representatives will at all times indemnify and keep indemnified the Nhulunbuy Corporation, Swiss Aluminium, their employees and agents against all or any actions, causes of action, suits, proceedings, sum and sums of money, claims, damages, demands, costs, charges and expenses by or on behalf of any person or corporation in respect of any injury or damage to any person or property arising directly or indirectly out of the entry to the pool enclosure and the use of the Pool and all grounds, buildings, facilities, equipment and associated with or any way related to the Pool, and in particular the grounds, buildings, change rooms, facilities, equipment including filter and maintenance equipment and things inside the pool enclosure, by myself or any member of my family or by any other person whatsoever who uses the Pool or gains entry to the pool enclosure by the use by any person of the fob that has been allocated to me/us.

I/we also and agree to abide by the 'Conditions of Club Membership'.

Dated

Name of Primary Member

Signature of Primary Member

Name of Secondary Member

Signature of Secondary Member

Office use only: Identification checked Initial E T