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AMOUNT PAID	MEMB #'s _____	EXP' _____	RECEIPT # _____
MEMBERSHIP	YRLY _____	SIX x _____	INITIATION _____
	TYPE _____		

MEMBERSHIP APPLICATION FORM

Member #1

Surname: _____	Memb' Type: _____	% Squash Use: _____
Name: _____	Phone: W: _____	% Gym Use: _____
D.O.B: (m/d/y) _____	H: _____	Play Grade: _____
Nationality: _____	F: _____	Emerg' Contact: _____
Occupation: _____	e-mail: _____	Phone: H: _____
Employer: _____		W: _____

Member# 2 (spouse)

Surname: _____	Memb' Type: _____	% Squash Use: _____
Name: _____	Phone: W: _____	% Gym Use: _____
D.O.B: (m/d/y) _____	H: _____	Play Grade: _____
Nationality: _____	F: _____	Emerg' Contact: _____
Occupation: _____	e-mail: _____	Phone: H: _____
Employer: _____		W: _____

Mailing Address: _____

Rules and Guidelines:

- The BSRA is a members club and is open to its members 24 hours a day via key and code.
- Guests are welcome to use the facility during club hours but are required to approach the bar to pay a guest fee of \$10. This fee gives a guest access to the club during the entire day of operation (court fees not included); he or she may leave the club and return later that same day to use it again (during operating hours). If the club is not staffed and you wish to bring a guest to use the facilities please do so but sign them in the guest book along with your full name and we will bill you accordingly. Anyone abusing the guest policies set out by the BSRA will have their membership reviewed by the Executive Committee.
- There are a maximum number of 5 visits per guest to the club.
- All members are to sign in upon arrival at the club.
- For the security and safety of others when the club is not staffed the main door is to be kept closed and locked securely when entering and leaving the club.
- All damages or faulty equipment should be reported to a member of staff or the club manager.

Comments: _____

I hereby affirm that I have read and fully understand the BSRA Agreement and Release of Liability Waiver as set out on the reverse of this Application form.

Memb' #1 Signature: _____ Date: _____

Memb' #2 signature: _____ Date: _____

How did you find out about the BSRA: _____



Tel: 292-6881 Fax: 295-8718

E-mail: bsra@ibl.bm

P O Box HM176Hamilton HMAX Bermuda

**Bermuda Squash Racquets Association
Agreement and Release of Liability**

1. In consideration of being allowed to participate in the fitness training activities and programs of The Bermuda Squash Racquets Association and to use its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge The Bermuda Squash Racquets Association and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of The Bermuda Squash Racquets Association or the use of any equipment at various sites, including home, provided by and/or recommended by The Bermuda Squash Racquets Association.
I so waive my child/children as above.
(PLEASE INITIAL: _____)(SPOUSE INITIAL: _____)
2. I have been informed, understand and am aware that the game of squash, squash training, strength training, flexibility and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also have been informed, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
I so waive my child/children as above.
(PLEASE INITIAL: _____)(SPOUSE INITIAL: _____)
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or my use of equipment or machinery. I acknowledge that either I have had a physical examination and have been given my physicians permission to participate or I have decided to participate in the exercise activities, programs and equipment use without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and equipment use.
I so waive my child/children as above.
(PLEASE INITIAL: _____)(SPOUSE INITIAL: _____)
4. I understand that The Bermuda Squash Racquets Association providing and maintaining an exercise/fitness program for me does not constitute acknowledgement, representation or indication of my physiological well-being or a medical opinion relating thereto.
I so waive my child/children as above.
(PLEASE INITIAL: _____)(SPOUSE INITIAL: _____)
5. I am aware and understand that The Bermuda Squash Racquets Association is committed to achieving an environment free of illicit substance use and illicit substance abuse as set out by the Policies and Procedures of the Bermuda Council for Drug Free Sport. I also understand that I may be called in for random drug testing at any time once becoming a member.
I so waive my child/children as above.
(PLEASE INITIAL: _____)(SPOUSE INITIAL: _____)
6. I understand that any payment made to The Bermuda Squash Racquets Association for membership is non-refundable and that membership will not be extended at any time due to any circumstances preventing me from using The Bermuda Racquets Association facility including but not limited to injury or pregnancy.
I so waive my child/children as above.
(PLEASE INITIAL: _____)(SPOUSE INITIAL: _____)

Please sign the front of this Application Form to affirm that you have read and fully understand the above Bermuda Squash Racquets Association Agreement and Release of Liability Waiver.