

# Nordby Center For Recreation

## 15% Discount on Annual Membership

### Dakotaland Federal Credit Union Members-2020

Annual Memberships	Nordby Center For Recreation (Tax Included)	Dakotaland Federal Credit Union (Tax Included)
<b>Family Membership</b> (Husband/Wife/Kids)	\$805.35	\$684.55 or \$57.02/month
<b>Couple Membership</b> (Husband/Wife)	\$686.07	\$583.47 or \$48.64/month
<b>Adult Single Membership</b>	\$555.08	\$471.74 or \$39.32/month
<b>High School Youth</b>	\$237.80	\$237.80 or \$19.82/month
<b>Middle School Youth</b>	\$206.62	\$206.62 or \$17.22/month
<b>Elementary Youth</b>	\$175.21	\$175.21 or \$14.60/month

<u>FIRST NAME</u>	<u>MI</u>	<u>LAST NAME</u>	<u>DATE OF BIRTH</u>	<u>SEX</u> M or F
<u>ADDRESS</u>		<u>CITY</u>	<u>STATE</u>	
<u>HOME PHONE</u>		<u>WORK PHONE</u>	<u>EMPLOYER</u>	
<u>EMERGENCY CONTACT</u>			<u>PHONE#</u>	
1. _____			_____	
2. _____			_____	

#### OTHER FAMILY MEMBERS TO BE INCLUDED ON THIS MEMBERSHIP

Name	Mem. #	Date of Birth	Sex	Employer or School

I understand and agree that this is a continuous annual membership. I understand that I am entering into a contractual agreement and if I terminate this contract, I will be charged The Nordby Center for Recreation month by month rate for the months used and a cancellation fee. Cancellation forms must be completed at The Nordby Center for Recreation.

\*\*Members over the age of 14 are required to have a check-in card. Membership card fees may apply.

<u>MEMBERSHIP TYPE</u>
<u>MEMBER CARD NUMBER</u>

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\*When you sign this form, you will no longer be eligible to participate in any other corporate discount. Only 1 discount is allowed. If you are already a corporate member we strongly encourage you to stay with your business.

**Nordby Center For Recreation**  
1700 Lincoln Ave. SW  
Huron, SD. 57350 (605) 352-2627

**Nordby Center for Recreation**  
Mailing address: PO Box 1316  
Huron, SD 57350  
E-mail: [Sbuddenhagen@nordbycenter.org](mailto:Sbuddenhagen@nordbycenter.org)

**RELEASE OF LIABILITY ~ READ BEFORE SIGNING**

In consideration of being allowed to participate in any way at the Nordby Center for Recreation program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I *knowingly and freely assume all such risks*, both known and unknown, *even if arising from the negligence of the releasees* or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest officials immediately; and,
4. I, for myself and on behalf of my heirs, assigns, person representative and the next of kin, *hereby release and hold harmless the Nordby Center for Recreation, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees")*, *with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise*, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE 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 WITH ANY INDUCEMENT.**

\_\_\_\_\_  
PRINT PARTICIPANT'S NAME

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

\_\_\_\_\_  
DATE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold involvement or participation in these programs as provided above, *even if arising from their negligence*, to the fullest extent permitted by law.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Emergency Phone: \_\_\_\_\_



1371 Dakota Avenue South | Huron, SD 57350  
605.352.2845 | www.DakotalandFCU.com

### Nordby Membership ACH Authorization

Member Name: \_\_\_\_\_

Monthly Membership Fee: \$ \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Start ACH Date: \_\_\_\_\_

(first 10<sup>th</sup> of the month following enrollment date)

End ACH Date: \_\_\_\_\_

(12<sup>th</sup> monthly payment)

Account Number: \_\_\_\_\_

Account Type:      Savings      Checking

Routing: 291479356

I hereby authorize Dakotaland Federal Credit Union to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account.

This authorization will remain in effect for a period of 12 monthly payments. In the event that your payment overdraws your account you will incur a \$25 NSF fee that will be debited from your account. Signer agrees that all ACH transactions will comply with the NACHA Operating Rules and the laws of the United States.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_