

**FIT CITY AQUATICS ANNUAL PASS AGREEMENT**

ALL SUBMITTED INFORMATION IS KEPT CONFIDENTIAL

As part of the City's commitment to your wellness and good health, the Fit City wellness program has agreed to be a Corporate Partner with MR&R to offer you this Aquatic Annual Pass at a discounted rate. They also agreed to pay approximately 10% towards a Currents Annual or Splash and Currents Annual Pass. Your employer has agreed to facilitate this annual pass for you through a payroll deduction.

You may register during open enrollment offered in January, May, and September. Passes will begin on the 1<sup>st</sup> of the following month of open enrollment for one year. To register, complete the attached forms and bring them to Currents during our regular business hours, Monday through Friday, 8:30am – 4:30pm or you may drop the forms off at the Human Resource department. We will review your registration, and set up the payroll deduction through the Human Resource office. Once your pass begins, you can stop by the front desk of Currents from 6am to 8pm weekdays, Noon – 6pm Saturday & Sunday to get your photo taken to enter in our system and also receive your pass key card.

**PASS OPTIONS AVAILABLE:**

**Splash & Currents Annual Pass:** This annual pass option offers use of both the Splash outdoor waterpark and Currents indoor water parks. Both feature – waterslides • lap pool • aquacize fitness classes • additional discounts on other facility programs • occasional health workshops and special events.

Currents is open 12 months/year (one to two week shut down for maintenance in August).  
Splash is open roughly Memorial Day – Labor Day (weather permitting).

**Currents Only Annual Pass:** This annual pass option includes all the featured benefits of Currents Indoor Waterpark only. If you wish to use Splash Montana occasionally, you would need to pay the daily admission fee for that facility, or purchase an additional punch pass.

**Pass Options:**       Both Splash & Currents       Currents Only       Renewal

**PASS Price for City Employee paying in full at time of purchase and are a health insurance contributor.**

**\*Prices reflect FIT CITY's contribution of 10%.**

Splash & Currents Annual Pass		Currents Only Annual Pass	
<input type="checkbox"/> Family* 2 Adults, 4 youth/children	\$431.28	<input type="checkbox"/> Family* 2 Adults, 4 youth/children	\$359.28
<input type="checkbox"/> Adult 18 – 59 yrs	\$244.32	<input type="checkbox"/> Adult 18 – 59 yrs	\$179.04
<input type="checkbox"/> Senior 60 yrs +	\$185.52	<input type="checkbox"/> Senior 60 yrs +	\$135.84
<input type="checkbox"/> Student 12 – 17 yrs	\$185.52	<input type="checkbox"/> Student 12 – 17 yrs	\$135.84
<input type="checkbox"/> Youth 11 & under	\$168.48	<input type="checkbox"/> Youth 7-11yrs	\$123.60
<input type="checkbox"/> Pre-K 6 & under	\$134.88	<input type="checkbox"/> Pre-K 6 & under	\$98.88

\*Family members must reside at same address.  
Additional Adult \$50 each, Additional Youth/Student \$25 each.

**HOUSEHOLD INFORMATION**

**Primary Household Contact** (please print)

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

**Immediate Family Members included on this pass:**

Name _____	ADULT (over 18 yrs)
Name _____	ADULT (over 18 yrs)
Name _____ Birth Date ___/___/___	YOUTH / STUDENT
Name _____ Birth Date ___/___/___	YOUTH / STUDENT
Name _____ Birth Date ___/___/___	YOUTH / STUDENT
Name _____ Birth Date ___/___/___	YOUTH / STUDENT

**Payment Options:**

**Corporate Account Payroll Deduction**

I authorize \_\_\_\_\_ (company) to deduct a total of \$ \_\_\_\_\_ over a period of 12 months to pay for my opted annual pass. **I understand that I am bound by the terms of any agreement between myself and my company and further understand that I must continue this deduction for the full 12 month period.** Please complete Payroll Deduction Authorization form below.

## CONDITIONS

**City of Missoula Parks and Recreation will be referred to as MP&R.**

**Consumer's Right of Cancellation:** You have the right to cancel this agreement by sending written notice of your cancellation hand-delivered or by Registered U.S. Mail within three (3) days from the date on the agreement. In addition to written notice of cancellation you must include and return all contract forms, and membership cards issued. Hand-deliver or send by Register US Mail to Missoula Parks and Recreation, Attn: Cancellation, 600 Cregg Ln Missoula, MT 59801.

**Complete Agreement:** I understand that this Aquatics Annual Pass Agreement represents the complete understanding between the MP&R and my family and I. I further understand that no representations, written or oral, other than those contained in the informational packet and this Aquatics Annual Pass Agreement are authorized or binding upon the MP&R.

**Additional Fees:** The MP&R reserves the right to charge additional fees to your account for any changes or additions you make including but not limited to; choosing an upgrade to a different annual pass option, or adding additional family members to your pass. If Payment Option – Other is chosen, the MP&R reserves the right to charge \$30 fees for insufficient funds checks, and cancel the annual pass due to non payment.

**Term:** The term of my annual pass is for 12 months:

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

**Renewal:** Upon expiration of my annual pass, I understand that I will be notified when my pass is about to expire.

**Cancellation:** I understand that this Annual Pass Agreement represents a legal contract between the MP&R and me, and that I may cancel only in limited circumstances as specified in this document. Requests for termination shall be reviewed on a case-by-case basis by MP&R. Potential valid reasons for termination may include a medical reason, loss of employment, financial hardship, or relocation outside of Missoula County. I understand that if I wish to request a cancellation I need to submit a written request, either hand-delivered or via Registered U.S. Mail to the Missoula Parks and Recreation, Attn: Cancellation, 600 Cregg Ln Missoula, MT 59801. MP&R will make a determination on the request and will provide notice of the decision within ten (10) days. Termination will be effective within 30 days of MP&R's decision. If cancellation is requested 4 months or less from the registration date you will be charged 4 months and refunded for the remaining months if paid in full less a \$10 administration fee for unused months remaining on the agreement. *In the event that my request for cancellation is approved, I understand credits or refunds are not available retroactively and that I will be billed for the month in which the MP&R approves my cancellation.*

**Cancellation by MP&R:** MP&R may cancel this Aquatics Annual Pass Agreement for violation of MP&R policies and procedures including but not limited those set forth in the Annual Pass Guide. See also suspension and termination section of this agreement.

**Unavailability of Facility or Services:** I understand that the facilities may be unavailable at any time due to mechanical breakdown, inclement weather, fire, act of God, catastrophe, or any other reason; and that such unavailability does not constitute a breach of this agreement by the MP&R and is not reason for termination of this agreement by myself, or my family. Further, I agree the MP&R shall not be held responsible and is not liable to me or my family for any such unavailability.

**Photo Release:** I understand that both Currents and Splash Montana are public swim facilities and for promotional purposes the MP&R videotapes and/or takes photographs of program participants, and facility users. I hereby release and permit the MP&R to utilize for said promotional purposes any videotapes and/or photographs of myself and my family members engaged in facility activities and/or general facility use.

**Suspension and Termination:** I understand that MP&R may suspend or terminate my pass privileges without any liability for failure to adhere to the terms of this agreement or for violation of the MP&R facility policies and procedures, including but not limited to violation of the Aquatics Annual Pass Guide policies and procedures.

**Assumption of Risk:** I am aware and understand that programs offered by Missoula Parks and Recreation are potentially dangerous activities with the potential for death, serious injury, and property loss. These risks include but are not limited to, hazards of injury to my person or property while engaged in programs offered by Missoula Parks and Recreation. I HEREBY ASSUME ALL RISKS OF PARTICIPATING IN MISSOULA'S PARKS AND RECREATION PROGRAMS. I certify that I am physically fit, have trained sufficiently for participation in this activity, and have not been advised otherwise by a qualified medical person. I am aware and understand the risks of personal injury, accidents, and/or illness, include, but are not limited to sprains, strains, torn muscles, and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions and/or contusions; dehydration, and/or oxygen shortage; head, neck, and spinal injuries; shock; paralysis or death; and serious injury or impairment to other aspects of my body and general health and well-being.

**Permission to Receive First Aid & Secure Medical Help:** I give permission for the City of Missoula personnel assigned to my activity to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that the City of Missoula does **NOT** provide any medical insurance coverage for me while participating in City of Missoula programs. I also realize that I may be attended by City of Missoula personnel assigned to my activity until medical care is available.

**Acceptance of Terms:** As an annual pass holder, I understand that I am entitled to use the facilities within the scope of the annual pass. I understand that I am obligated to pay my fees regardless of whether I use the facilities. I agree to promptly update MP&R of any changes of address, phone or credit information. I hereby acknowledge that this release is given with full knowledge of the meaning and consequences of this release. I have read the above RELEASE & ASSUMPTION OF RISK AGREEMENT and fully understand its purpose. **I FURTHER UNDERSTAND BY SIGNING THIS DOCUMENT I MAY BE WAIVING MY LEGAL RIGHT TO A JURY TRIAL TO HOLD THE PROVIDER LEGALLY RESPONSIBLE FOR ANY INJURIES OR DAMAGES YOU MAY SUFFER DUE TO THE PROVIDER'S ORDINARY NEGLIGENCE THAT ARE THE RESULT OF THE PROVIDER'S FAILURE TO EXERCISE REASONABLE CARE".**

I willingly sign below and represent that I am 18 years of age or older and otherwise competent to execute this document, or that my legal guardian is also signing this document.

\_\_\_\_\_  
Pass Holder's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MP&R Authorized signature

\_\_\_\_\_  
Date

**RETURN THIS AGREEMENT TO:**

Missoula Parks and Recreation Department  
600 Cregg Ln  
Missoula, MT 59801

# City of Missoula - Payroll Deduction Authorization Form

Employee Name \_\_\_\_\_  
(Please Print)

Department \_\_\_\_\_

*\*Circle the payroll deductions in the age group and pass type you are registering for.*

	<b>SPLASH &amp; CURRENTS REGULAR/DISCOUNTED ANNUAL PASS</b>	<b>FIT CITY'S CONTRIBUTION</b>	<b>TOTAL COST TO EMPLOYEE</b>	<b>Payroll Deductions Bi-Weekly (24 pay periods)</b>
<b>Family</b>				
*2 Adults, 4 youth/children	\$599.00 / \$479.25	\$47.97	\$431.28	<b>\$17.97</b>
<b>Adult (18-59 yrs)</b>	\$339.25 / \$271.50	\$27.18	\$244.32	<b>\$10.18</b>
<b>Senior (60 yrs+)</b>	\$257.50 / \$206.00	\$20.48	\$185.52	<b>\$7.73</b>
<b>Student (13-17 yrs)</b>	\$257.50 / \$206.00	\$20.48	\$185.52	<b>\$7.73</b>
<b>Youth (7-12 yrs)</b>	\$234.00 / \$187.25	\$18.80	\$168.48	<b>\$7.02</b>
<b>Pre K (2-6 yrs)</b>	\$187.25 / \$149.75	\$14.87	\$134.88	<b>\$5.62</b>

\*Family members must reside at same address.  
Additional Adult \$50 each, Additional Youth/Student \$25 each.

	<b>CURRENTS REGULAR/DISCOUNTED ANNUAL PASS</b>	<b>FIT CITY'S CONTRIBUTION</b>	<b>TOTAL COST TO EMPLOYEE</b>	<b>Payroll Deductions Bi-Weekly (24 pay periods)</b>
<b>Family</b>				
*2 Adults, 4 youth/children	\$499.00 / \$399.25	\$39.97	\$359.28	<b>\$14.97</b>
<b>Adult (18-59 yrs)</b>	\$248.75 / \$199.00	\$19.96	\$179.04	<b>\$7.46</b>
<b>Senior (60 yrs+)</b>	\$188.75 / \$151.00	\$15.16	\$135.84	<b>\$5.66</b>
<b>Student (13-17 yrs)</b>	\$188.75 / \$151.00	\$15.16	\$135.84	<b>\$5.66</b>
<b>Youth (7-12 yrs)</b>	\$171.50 / \$137.25	\$13.65	\$123.60	<b>\$5.15</b>
<b>Pre K (2-6 yrs)</b>	\$137.25 / \$109.75	\$10.87	\$98.88	<b>\$4.12</b>

\*Family members must reside at same address.  
Additional Adult \$50 each, Additional Youth/Student \$25 each.

**DEDUCTION AMOUNT:**

\$ \_\_\_\_\_ X \_\_\_\_\_ pay periods = \_\_\_\_\_ Total Amount

**AUTHORIZATION:**

I hereby authorize the City of Missoula to withhold from the first and second paychecks each month the deduction amount stated above, and to transmit said sum to the Missoula Parks and Recreation in payment for my Annual Pass. I consent to the adjustment of such deduction (1) to conform to future pay period change or (2) reflect any change in my Annual Pass rate as advised by the Missoula Parks and Recreation. Any discrepancies in my voluntary deductions as reported on my pay stub must be reported by me in writing to the City of Missoula Human Relations Office.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_