



# NORDBY CENTER FOR RECREATION



## Dakotaland FCU

### 2022 New Membership Structure

### 15% Annual Membership Discount Application

January 1, 2022 through December 31, 2022

#### Corporate employee rates

ANNUAL	÷ 12 MONTHS
\$ 705.50	\$ 58.80
\$ 620.00	\$ 51.66
\$ 595.00	\$ 49.60
\$ 488.75	\$ 40.74
\$ 320.00	\$ 26.68

Compared to:

Nordby Center regular rates

FAMILY (2 adults& kids)  
 Single Parent household  
 Single + 1 same household  
 Single Adult  
 Youth HS 9<sup>th</sup> -12<sup>th</sup> gr. (14 – 19yr)

ANNUAL	MONTH-BY-MONTH
\$ 830.00	\$ 95.00
\$ 730.00	\$ 85.00
\$ 710.09	\$ 85.00
\$ 575.00	\$ 70.00
\$ 320.00	\$ 26.68

6.5% Tax already included in price

FIRST NAME	MI	LAST NAME	DOB	SEX M F
ADDRESS			CITY / STATE / ZIP	
CELL PHONE	EMERGENCY PHONE		EMAIL	

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

NAME	MEMBER #	DOB	SEX	RELATIONSHIP

I understand and agree that this is a 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.

Office Use Only—Main Member #

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  
 Location: 1700 Lincoln Ave SW  
 Huron, SD 57350  
 Phone: 605-352-2627

Nordby Center for Recreation  
 Mailing address: P O Box 1316  
 Huron, SD 57350  
 E-mail: membership@nordbycenter.org

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# **2021-2022**

## **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, personal 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.
5. I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing and masks. I further acknowledge that the Nordby Center for Recreation has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that the Nordby Center cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Nordby Center staff, and other clients and their families. I voluntarily seek services provided by the Nordby Center for Recreation and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while participating in activities at the center.

**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

\_\_\_\_\_  
EMERGENCY PHONE

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# Dakotaland

FEDERAL CREDIT UNION

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 \$28 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: \_\_\_\_\_