



BULL RUN SWIM & RACQUET CLUB

<http://www.bullrunswimandracquetclub.com>

8101 Seymour Road • Manassas, VA 20109

MEMBERSHIP APPLICATION FORM

2014 Revision

OWNER OCCUPIED **TENANT (*must have lease & transfer form*)**

Address: _____ Manassas, VA 20109

(H) _____ (C) _____ (WK) _____

Email: _____

MEMBER NAMES(S):

Name: _____ DOB _____ POOL PASS #: _____

Name: _____ DOB _____ POOL PASS #: _____

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Name: _____ DOB _____ POOL PASS #: _____

Name: _____ DOB _____ POOL PASS #: _____

Name: _____ DOB _____ POOL PASS #: _____

EMERGENCY CONTACT: (*In case we need to contact someone due to an emergency while you're at the pool*):

NAME: _____ Phone #: _____

OWNER INFORMATION (*if tenant occupied*):

NAME: _____ Phone #: _____

Address: _____

Email: _____

I, _____, hereby attest that I have read, fully understand and agree to the covenants contained in the Regulatory Resolution No. 12-1, regarding Membership and Use Rules, adopted by the Bull Run Swim & Racquet Club Board of Directors for maintenance and operation of the swimming pool and pool area; and I, my residents, and my guest(s) will abide by the same and any changes that may hereafter be promulgated thereto, and that I will forever defend and save harmless the Club, its servants, agents and employees from any claim, demand, debt or damage asserted by guest, servant, invitee, child, dependent, or relative or claim by reason of alleged loss of life, suffered in or about the said pool or club area, or in any way arising thereof; and I, hereby forever release and discharge the said Club from any such claim, which I may hereafter have in my own behalf, whether known now or discover in the future, and agree that the said pool and club area shall be used at the sole risk and responsibility thereof.

Signature: _____ Print Name: _____ Date: _____

FOR OFFICE USE ONLY:

SETEC CARD #: _____ Tennis Key: Day () Yes () No
Night () Yes () No

PROPER MEMBERSHIP VERIFICATION

(All members must have a membership application on file)

Address Verification – must check all

- () Address is listed on street chart
- () Home is NOT listed on restricted privileges list

If home is listed, informs member they must contact their management company (*or landlord if tenants*), as we have been informed the home currently does not have use privileges at this time.

Owner Verification – must check two (2)

- () Drivers License listing address
- () Settlement Statement
- () Tax Records (Web-Site)

No more than two additional roommates can be added to any membership application.

Tenant Verification – must check ALL

- () Copy of current lease agreement for file
- () Copy of tenant transfer form for file

Only those listed on the lease agreement and transfer of rights form are allowed privileges.

Staff Member Signature: _____ Date: _____