

LOCATION: 20 Elm Street (Route 62) North Reading, MA 01864 GENERAL OFFICES: Mail all correspondence to 149 S. Main Street Middleton, MA 01949 978-646-1111 Option 2, Ext.26

MEMBERSHIP APPLICATION

Personal Information

Name: (Please Print)	(CIRCLE) Mr. MRS. MS. Other		
Home Address:			
City:		State:	Zip Code:
Home Phone:	Cell#		Emergency:
Company:			Title:
Work Address:			
City:		State:	Zip Code:
Work Phone:	Years with Present Employer:		
Email:	Fax Number:		
Maritial Status:(Circle)	Single Married		Date of Birth:
	Spouse/N	Member Desi	ignee Information
Name (Please print)			(Circle) Mr. Mrs. Ms. Other
Company:			<u>Title:</u>
Business Address:			
City:		State:	Zip Code:
Work Phone:	Cell Phone:		Years in Present Employment
Date of Birth:		<u>Email</u>	
Re	sort Use Onl	y: Mem	nber#
	_		

Individual or Family

Membership (Circle)

CHILDREN (MUST BE UNDER AGE 21)

Name		Date of Birtl	h	Gender
1				
<u>2.</u>				
3				
4.				
5.				
<u>6.</u>				
Nanny/Other permissible:				
	Pers	sonal Reference	s	
Name	Relationshin	Vears Known	Phone	Resorts-North Member?
	•		THORE	Resorts North Member:
<u>) </u>				
3.				
	Other Club	os/Resorts/Mem	berships	
Organization	Contact	Years		Phone
l.				
Name 1. 2. Organization 1.	Other Club	os/Resorts/Mem Years		

Terms of Membership

Membership Application

I am applying to Resorts North, LLC (the "Owner") for a membership at Resorts North (the "Resort") in the membership class and category checked below.

Refundable Registration Fee:\$	500.00	Total \$
Membership Fee:\$		
Category of Membership (check one	e) Individual Membershi	Family Membership
Payment of Registration Fee (plea	se initial each)	
I understand that if my a	application is denied for any re	ason I will be fully refunded for my Registration Fee.
Payment of Membership Fee		
I understand that my men	nbership application fee is due	at the time this membership application is
submitted.		
Credit Card		
I certify that the below listed card Owner. Credit Card will be held	-	s on my account will be directed to the m of Membership.
Credit Card #	СС Туре:	Expiration Date:
Card Holder Name		CC Security Code
	(4 Digits on fro	nt of AX last 3 back of MC, VA or Discover)
Additional Cardholder:		Relationship

I authorize Resorts North LLC to charge my credit card account listed above for all charges associated with the use of my membership account for the amounts I owe. I understand that this authorization is for the established registration fee, membership fee, and any and all charges associated with the use of my membership account. I agree to notify Resorts North of any changes to my credit card account information. I also agree that electronically transmitted (e.g. faxed, emailed copies of this agreement shall be deemed to be the original.

I ("Cardholder") herby knowingly authorize Resorts North LLC to charge all charges associated with the use of my membership account to my credit card, on or about the day charges are incurred. The credit card account information provided herein shall be used only for the intended purpose as authorized. Cardholder shall indemnify and hold Resorts North LLC harmless from all loss, damages, expense or liability in connection with such authorized use of the above said credit card. Any use by Resorts North is limited to sales and/or services provided to the cardholder or on account of the Cardholder. All

information disclosed herein is true and correct, without exception. In the event the information disclosed in the credit card authorization form is in any way incorrect, false or fraudulent, the Cardholder shall be liable for all costs, expenses and Attorney fees incurred in protecting Resorts North right and interest. Resorts North shall not be liable to the Cardholder for any incidental, consequential, special or punitive damages arising out of this authorization. This authorization shall remain in full force and effect until canceled or revised by a later authorization. This authorization supersedes all prior recurring payment authorizations. Resorts North LLC reserves the right to refuse or cancel services to anyone and change restrictions without notice.

X _			
_	Signature of Authorized Cardholder Signature	Date	

RECEIPT OF MEMBERSHIP PLAN

Upon approval of my membership application, I agree to be bound by the Terms of Membership, the Rules and Regulations and Membership Policies, as each may be amended from time to time (collectively, the Membership Documents.) I understand.

If accepted into membership, I agree to conform to and be bound by this Membership Application, the Membership plan, the rules and regulations and written membership policies of the Resort, as each may be amended from time to time (collectively, the "Membership Documents"). I further understand and agree that full compliance with each and every term and condition of the Membership Documents is for membership privileges with the Resort and that my membership privileges may be revoked at any time for failure to comply with the Membership Documents. I hereby acknowledge that this membership Application will not be acted upon unless fully completed and signed.

APPROVAL FOR MEMBERSHIP IN THE RESORT

I understand that this Membership Application will be subject to approval by the Owner/Management, in its sole and absolute discretion, and my payment of the required Registration Fee of \$500.00 I hereby acknowledge that my membership constitutes a revocable license to use the Resort Facilities made available for use from time to time and does not confer upon me any ownership interest, or any vested or prescriptive right or easement, in or to the facilities of the Resort.

REFUND OF REGISTRATION FEE

Registration fee is REFUNDABLE, the total due upon signing is \$500.00 and is processed with memberships fee upon approval. All fees are due upon signing.

In the event that the facilities are sold and the buyer assumes liability for the repayment of the Registration Fee, I agree to look solely to the new owner for repayment of my Registration Fee and the seller of the Resort shall be released from all liability therefore.

VERIFICATION

Upon signing this membership application, I hereby authorize the disclosure and release of information to the Owner for investigating my qualifications for membership and authorize those persons or entities named by me herein to furnish information to the Owner, including providing a credit report to the Owner.

RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISKS INDEMNITY

I hereby acknowledge that my use of the Resort Facilities and any privilege or service incident to membership is hereby undertaken with full and complete knowledge and awareness that said use may involve risk of physical injury. The undersigned does herby execute this Release, Waiver of Liability, Assumption of Risks and Indemnity/Hold Harmless Agreement the ("Agreement") for himself/herself/their self and his/her/their heirs and any of their Minors, guests and invites and acknowledges the inherent risks involved in the use of the Resort Facilities and any privilege or service incident thereto, including but not limited the use of the swimming pools, which risks include, but are not limited to bodily injury, sickness, disease or death from using the Swimming Pool and the Resort Facilities. I also acknowledge and understand that use of the Swimming Pool is potentially dangerous and that the type of injury or damage described above can occur when using the swimming pool. The undersigned acknowledges and agrees that they shall be responsible for their guests, licensees and invitees who come onto the Resort Facilities and use the Resort Facilities. In consideration of receiving permission to use the facilities. I expressly assume any and all risk of injury to myself, my guests and my family sustained while using the Resort facilities or participating in any event or activity incident to membership of the resort. I agree to pay the costs incurred to defend, indemnify, harmless release the Resort facilities, the Owner, the Resort, their affiliated companies, their respective agents, management companies, officers, directors, owners, contractors and employees (collectively) the ("Released Parties) from and against any and all claims of every kind or nature, whether in tort, contract, equity or otherwise, which I, my family, guests and invitees, may now have or might have in the future arising out of or connected in any way to the use of the Resort Facilities, including but in no way limited to the swimming pools, including subrogation and/or derivative claims brought by any third party or insurer.

This membership application shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts without regard to principles of conflicts of laws.

Applicant Initial

Membership Approval Signature Page

Applicant Name (Print)	Date
Signature	Date
<u>Spous</u>	se Information
Spouse Name (Print)	Date
<u>Signature</u>	Date
Approved and Accepted for 1	Resorts North Seasonal Membership
Approved by (print):	Title
Signature	Date

Please give 14 business days for processing for all applications

ALL ORIGINAL APPLICATIONS MUST BE SUBMITTED VIA MAIL OR DROPPED OFF AT OUR GENERAL OFFICES LOCATED AT TERESA'S ITALIAN EATERY 149. S MAIN ST. MIDDLETON, MA 01949

978-646-1111 OPT. 2, OPT.4