

2018 ANNUAL MEMBERSHIP APPLICATION

Member Information

Check One: New Member Renewal **Location:** Dorchester Rd Otranto Rd

Membership Fee: Resident: \$10.00 (Monthly) or \$100.00 (Annual)

Non Resident: \$20.00 (Monthly) or \$200.00 (Annual)

First Name: _____ M: _____ Last Name: _____

Nickname: _____ Date of Birth: _____ Gender: Male Female

Driver's License #: _____ County: _____

Mailing Address: _____ Apt or Unit #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Method of Payment

Method of Payment: Cash Check (Make payable to City of North Charleston)

Credit Card: MasterCard Visa Amex

In Case of Emergency

Contact Name: _____ Relationship: _____ Telephone: _____

WAIVER: In consideration of your accepting my entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I may have against the City of North Charleston and its representatives, successors and assigns for any and all injuries suffered by myself at any activity sponsored by these groups. I understand that I am encouraged to maintain proper insurance coverage for myself during the duration of my participation and specified activities with this Department. I do hereby certify all the above information to be correct and true.

Wellness Waiver: The facility will not have someone watching me or other users at all times and does not assume responsibility for direction, supervision, or control of my or other users' conduct or activities at the facility or in its activities. In addition to my personal health and safety, I also accept responsibility for my belongings, whether locked up or not, and whether damaged or stolen. I acknowledge that I am solely responsible for contacting my physician or other health care authority to determine whether I am physically capable of safely using the weight and/or exercise rooms and participating in its activities. I will abide by my health care provider's cautions, if any. I, the undersigned participant, hereby agree to hold harmless any persons or organizations involved with Wellness program exercise classes, as well as owners, proprietors and employees of all facilities, from any legal action or claims at any time because of my participation in this exercise class. I am in good enough physical condition to participate safely. I hereby grant permission to any Hospitals and/or any other licensed medical facility and/or my physician to provide treatment as deemed necessary for my wellbeing.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY SIGNED this Release and Wellness Wavier and agree that no oral or written representations, statement, promises, or inducements apart from the written Agreement have been made.

Signature: _____

Date: _____

CITY OF NORTH CHARLESTON PARTICIPANT WAIVER FORM

Name of Participant

Last

First

Middle Initial

PARTICIPANT'S WAIVER AND RELEASE OF LIABILITY

In consideration of the acceptance of the application, as a participant in any programs and/or activities of the City of North Charleston I hereby agree to assume all risks attendant upon myself while participating in any City of North Charleston programs and/or activities. I acknowledge the following: that participation in this event is voluntary, and involves physical activity. I agree as to myself and for my heirs, personal representatives or assigns, to hereby assume the risk of any injury from any cause whatsoever, including the negligence of the City; and to give up, waiver, and discharge and release the City of North Charleston, the Corporate Sponsors of this program, their officers, volunteers, agents, and employees, from any and all claims for injuries, including death, and I agree to hold the City harmless, and covenant not to sue the City or others listed herein, should property loss, injury, or death occur during or as a result of my participation in this program. If necessary, the City may provide medical care at my expense. By signing below, I acknowledge that I have read this assumption of risk, waiver and release of liability agreement, fully understand its terms, and I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature for this to be a complete and unconditional release of all liability to the greatest extent of the law I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the City of North Charleston program or activity. I agree to indemnify and hold harmless from liability the City of North Charleston.

I acknowledge that I have read the Release Waiver, Assumption of Risk and Indemnity Agreement and sign it on behalf of the participant with full knowledge and understanding of its contents.

Print Name

Signature of Applicant

Date

VIDEO-PHOTO RELEASE

I understand that during the City of North Charleston program and/or activity, my photograph may be taken by the City of North Charleston, producers, sponsors, organizer, and/or assigns. I agree that my photograph, including video photography, film photography, or other reproduction of my likeness, may be used without charge by the producers, sponsors, organizers and/or it's assigns for such purposed as they deem appropriate.

I acknowledge that I have read the Video-Photo Release and sign it on behalf of the participant with full knowledge and understanding of its contents.

Print Name

Signature of Applicant

Date

Volunteer Opportunities

One of the ways to get the most out of your membership at the North Charleston Senior Center is to volunteer or serve in some way. You'll make friends, get to know the staff, and have a voice in the workings of your Senior Center. Please fill out the information below so that we can best help you get involved.

- Certified Leader in Health Promotion
- Special Events and Kitchen Committee
- Educational Instructor
- Administrative Support
- Fitness Center Attendant

Comment/Suggestions: _____

For Office Use Only

PAYMENT INFORMATION

Amount Paid: \$ _____ Receipt #: _____ Date Received: _____
Membership Type: ___ Resident ___ Non-Resident ___ City Employee/Retiree ___

FORMS SUBMITTED

___ Participant's Waiver and Release of Liability
___ Participant's Video - Photo Release

MY SENIOR CENTER SYSTEM

Date Entered: _____ Entered By: _____

SPECIAL NOTES

MEMBERSHIP FEE IS NONREFUNDABLE