

City of Anderson Recreation Center
MEMBERSHIP APPLICATION

OFFICE USE ONLY ID# _____

AMOUNT PAID _____

TYPE MEMBERSHIP _____

CHECK CASH CREDIT CARD

EXP. DATE _____

NO REFUNDS AFTER PURCHASE OF MEMBERSHIP

DATE _____

Individual Membership Information:

Last Name: _____ First _____ M.I. _____

Address: _____ City/ZIP _____

Is your home address inside the City of Anderson City Limits? ____yes ____no

Home/Cell Phone: _____ Work Phone: _____

Date of Birth: _____ AGE: _____ Male Female

E-mail Address: _____

Spouse: (If applying for joint membership)

Last Name: _____ First _____ M.I. _____

Date of Birth: _____ AGE: _____ Male Female

Home/Cell Phone: _____ Work Phone: _____

Dependents (21 & Under): (If applying for family or youth membership)

Name: _____ Age _____ DOB _____ Male Female

Name: _____ Age _____ DOB _____ Male Female

Name: _____ Age _____ DOB _____ Male Female

Emergency Contact Information:

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

City of Anderson Recreation Center

MEMBERSHIP APPLICATION

STATE OF SOUTH CAROLINA)

COUNTY OF ANDERSON)

OFFICE USE ONLY

ID# _____

Waiver of Liability, Release
Covenant Not to Sue; Hold Harmless
and Indemnification Agreement

For and in consideration of me and/or my dependent(s) participation in one or more programs or use of the facilities and equipment at the City of Anderson Recreation Center, the receipt and sufficiency of which is hereby acknowledged, I, the undersigned, in full recognition and understanding of the dangers and the risks inherent in participating in such programs or using such facilities and equipment by myself, my dependent(s), or others, do hereby for myself, my dependent(s) and my dependent's family members, heirs, assigns, and personal representatives agree to and do hereby fully release, discharge, and forever hold harmless, covenant not to use and indemnify the City of Anderson, it's agents, servants and employees from and against any lawsuits, claims, demands, liabilities, costs, attorney fees and expenses or damages of any nature whatsoever, including but not limited to personal injury or death, which in any way result from or arise out of my or my dependent(s) participation in the programs or use of such facilities and equipment.

I am fully aware of the risks and hazards connected with and/or my dependent(s) participation in the programs or use of the facilities and equipment and I hereby elect to allow participation and/or make use thereof. I further declare that my dependent(s) and/or myself are physically fit and fully capable of participating in the programs or using the facilities or equipment. I am aware that exercise can be physically stressful and in certain instances can even be harmful. I am also aware that anyone who smokes; has ever had elevated blood pressure; is over 45 (men) or 55 (women) years of age; presently does not exercise; has ever had cardiac (heart) problems; is overweight; has diabetes; has a family history or cardiovascular problems; is susceptible to or has ever had orthopedic problems; or is pregnant, is more at risk while exercising. I understand that I should consult with a personal physician before I begin or continue any exercise program.

I agree that myself and/or my dependent(s) will fully adhere to all rules and regulations of the City of Anderson Recreation Center while participating in the programs or making use of the facilities or equipment. I agree that the City of Anderson, in its sole discretion, may revoke my and/or my dependent(s) membership in the City of Anderson Recreation Center for failure to abide by any rule or regulation. I understand that membership dues will not be refunded in whole or part, if membership is revoked or cancelled.

In case of accident or injury, I give the City's agents, servants and employees permission to administer first aid or arrange for transportation to a medical facility. The City of Anderson or its agents, servants and employees are authorized to arrange for any necessary emergency treatment that myself and/or my dependent(s) may need during our participation in the programs or while using the facilities and equipment. I agree to be responsible for any and all costs associated with such services.

I understand that the City of Anderson does not provide personal trainers and I agree that the City of Anderson, It's agents and/or employees shall not be liable or responsible for any injuries to me resulting from my participation in any program conducted by a personal trainer.

I recognize that by signing this document, I am giving up, among other things, my minor dependent(s), my dependent(s) parent(s) or guardian(s) and my right to sue the City of Anderson, its agents, servants and employees for injuries, damages, or losses that result from my and/or my dependents participation in the programs or use of the facilities and equipment. It is my express intent that this document bind the members of my and my dependent(s) family, our heirs, personal representatives and assigns, as well as myself and my dependent(s).

I hereby give my permission and consent to the City of Anderson to take and use photographs or videos of myself and/or my dependent(s) while participating in programs or using the facilities or equipment. I further give my permission and consent to the City of Anderson to use such photographs or videos for promotions, marketing or advertising by the City of Anderson or on its behalf. I agree that there will be no compensation paid for the use of such photographs or videos.

By signing this document, I acknowledge that (1): I have read this document in its entirety, I understand it, and I sign it voluntarily as my own free act and deed; (2) No oral representations, statements, or inducements apart from the foregoing written agreement, have been made to me; (3) I am at least eighteen years of age and fully competent; (4) I am a custodial parent or legal guardian of listed minor dependent(s) and I execute the same on my dependent(s) behalf as well as my own and (5); I execute this document for full, adequate, and complete consideration fully intending to be bound by the same.

Participant or Parent/Legal Guardian Signature

Date

Please Print Dependent(s) Name(s) on above line if listed as members