

DISCLOSURE OF MEMBERSHIP



Carroll County Community Center

For Office Use: MEMBERSHIP # _____

DATE _____

TYPE OF MEMBERSHIP:

- Family
 Adult
 College
 SP Family
 Senior
 Youth
 Scholarship Discount
 Military Discount
 Partnership Discount

NO REFUNDS on memberships or joiner fees. **Cancellation of bank drafts requires written notice.** All membership cards must be turned in at the time of cancellation.

PHOTOGRAPH PERMISSION – Without limitation or obligation, I give my permission for the Carroll County Community Center to use photographs, film footage, or tape recordings, which may include my image or voice for purposes of promoting or interpreting Carroll County Community Center programs.

INSURANCE – I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all Carroll County Community Center activities.

MEDICAL RELEASE – I authorize the Carroll County Community Center to provide or obtain emergency medical attention to members of my family or me in the event of sickness or injury. I realize and understand that my family insurance policy will be responsible for any accident or medical claim. Should I, or any member of my family, require special medical treatment, prescriptions, or hospital care; I am responsible for all expenses.

LIABILITY WAIVER: HOLD HARMLESS AGREEMENT – I understand that the Carroll County Community Center, its officers, agents, and other employees, assume no responsibility for injuries or illness that I may sustain, as a result of my physical condition, while observing or participating in Carroll County Community Center activities or while using the facilities or equipment during Carroll County Community Center activities. I understand that the Carroll County Community Center shall not be responsible for personal property lost, damaged, or stolen while I use the Carroll County Community Center facilities. I understand that all exercise may not be suitable for me, and that participation in any exercise program may result in injury and even death. I understand that I should consult my doctor before beginning an exercise program to help reduce the risk of injury. I understand that any instruction or advice presented by the Carroll County Community Center staff, are in no way intended to be a substitute for professional medical counseling. I authorize emergency medical treatment if it becomes necessary. Therefore, I expressly acknowledge that I assume the risk for any and all injuries or illnesses that may result from my observation of or participation in, Carroll County Community Center activities.

I hereby release, discharge, agree to indemnify and hold harmless the Carroll County Community Center, its officers and employees from any and all claims, damages, liability, or losses for personal injury, illness, death, or property damage (theft or loss of personal property) that I or any member of my family may sustain or suffer as a result of, or while participating in, or while observing Carroll County Community Center activities, regardless of the nature or cause of any such claim, damage, liability or loss.

ACCEPTANCE: This waiver and release by myself and is on behalf of the minor members of my family. I acknowledge the conditions for membership stated above. If any portions of this waiver are held to be valid, I agree that the remaining terms shall continue to be in full legal force and effect. I have read and voluntarily sign this Membership Application Agreement.

_____	_____	_____	_____
Signature of Member	Date	Signature of Spouse	Date

For Office Use:
Staff Initials: _____ Date Received: _____ Membership Director Initials: _____ Date _____