

Date	Membership	Pool	Tennis	DL	Utility bill	Rental	Other

**CITY OF GOOSE CREEK RECREATION DEPARTMENT  
MEMBERSHIP REGISTRATION**

Return this form along with proof of residency and proper fee  
Acceptable forms of proof of residency  
Homeowners: Drivers License or picture ID & most current utility bill  
Renters: Drivers License or picture ID, most recent utility bill & original rental agreement  
Current address must be on all proofs of residency

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_ Gender: M / F

City: \_\_\_\_\_, SC Zip: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_ Medical Ins. Co.: \_\_\_\_\_

Does the participant live within City of Goose Creek boundaries? Yes \_\_\_\_\_ No \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Regular physical activity is safe for most people. We strongly recommend every individual consult with their doctor prior to beginning an exercise program.

Are there any special health issues that you want the fitness staff to be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

**Waiver & Release of Liability:** In consideration of being allowed to participate in Goose Creek Recreation sports, programs, related events and activities, the undersigned acknowledges and agrees that there are always risks involved in participation in recreational activities. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence and assume full responsibility for my participation. I declare the participant physically able to participate in the activity. In the event of a medical emergency, I authorize Goose Creek Recreation or its representative to obtain emergency medical treatment for myself or child (if parent is not available). I willingly agree to comply with the stated and customary terms and conditions for participation. I, for myself and on behalf my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the City of Goose Creek Recreation, Goose Creek Recreation Commission, their officers, officials, agents, and/or employees, other participants, sponsors, and advertisers (releases), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from negligence of the releases or otherwise, to the fullest extent permitted by law. I likewise release from liability, any person transporting myself or my child to and from these activities. I further grant GC Recreation the unencumbered right to make promotional use of any pictures and/or video tapes taken of the registrant while participating in this program. The City of Goose Creek has the right pursuant to the SC Setoff Debt Collection Act to collect any delinquent sum due through offset of the state income tax refund including all fees.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND SIGN IT FREELY AND VOLUNTARILY.

\_\_\_\_\_  
Print Name Signature Date

\_\_\_\_\_  
Parent or Legal Guardian Name: (if participant is under 18) Signature Date

FITNESS MEMBERSHIPS ARE GOOD FOR ONE YEAR FROM DATE OF REGISTRATION  
***NO REFUNDS/ NO TRANSFERS***

**Climbing Wall: Participant Agreement, Release, and Assumption of Risk**

In consideration of the services and facilities provided by the City of Goose Creek Recreation Department, its agents, owners, officers, volunteers, employees, successors and assigns and all other persons or entities acting in any capacity on its behalf I hereby release, indemnify, and discharge the Recreation Center, on behalf of myself, my heirs, and assigns, and personal representatives from and against any and all claims damages, actions, or causes of actions for personal injury or property damage that may incur as a result of or arising from my participation in and/or use of Recreation facilities known as the Climbing Wall (Activity). I freely, voluntarily and without any coercion give this Release and Indemnification knowing the risks inherent in participation in and/or use of the Climbing Wall.

I acknowledge that climbing an artificial wall entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, but are not limited to those posed by the ground, other users; being fallen on by other users; abrasions from the walls, ropes, pads, or the floor; equipment failure; belay system failures; climbing out of control or beyond one’s personal limits; negligence of other climbers, visitors, participants, or other persons, who may present; musculoskeletal injuries and/or over training; head injuries; or my own negligence.

I agree to accept and do hereby assume any and all risks relating to this Activity. My participation in this Activity is purely voluntary, and I elect to participate despite the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Community Center from any and all claims, demands, and causes of action, which are in any way connected with my participation in this Activity or my use of the equipment or facilities, including any such claims which arise from or are alleged to arise from acts or omissions of the Community Center.

Should the City of Goose Creek Recreation Department or anyone acting on its behalf, be required to incur attorney’s fees and cost to enforce this agreement, I agree to indemnify and hold harmless from all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage that I may cause or suffer while participating, or I agree to bear the cost of such injury or damage to myself or others. I further certify that I have no medical or physical condition which would interfere with my safe participation in the Activity, or I am willing to assume and bear all risks and costs that may be created directly or indirectly, by any such condition.

By signing this document, I acknowledge that if personal injury or property damage is incurred as a result of my participation in this Activity, I may be found by a court of law to have waived any right to maintain a lawsuit against the City of Goose Creek Recreation Department.

This Agreement shall be governed by the laws of the State of South Carolina. Any suit against the center arising from my participation in this Activity shall be prosecuted only in the courts of the State of South Carolina.

Should any provision of this Agreement be found by a court of competent jurisdiction to be invalid or unenforceable, such finding shall not affect the remaining provisions of this Agreement which shall remain full force and effect.

I have had sufficient opportunity to read this entire document. I have read it, understand it, and agree to be bound by its terms.

Signature: \_\_\_\_\_  
(Parent or Guardian if under 18)

Date \_\_\_\_\_

Printed name \_\_\_\_\_

**Parent’s or Guardian’s Additional Indemnification**

In consideration of \_\_\_\_\_ (print minor’s name) (“Minor”) being permitted by the City of Goose Creek Recreation Department to participate in the Activity and to use its equipment and facilities, I agree to indemnify and hold harmless the Recreation Department from any and all claims, damages, actions, or causes of action which are brought by, or on behalf of Minor, which are in any way connected with such use or participation by Minor, and any and all claims that are derivative of Minor’s participation in the Activity.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Printed name \_\_\_\_\_

**HELMET WAIVER**

(Must be signed if you will NOT wear a helmet)

I, the undersigned, recognize the dangers inherent in climbing. I am voluntarily assuming all the risks involved due to my desire to climb. I realize I am subject to injury from this activity, and no preventative measures can remove all of the danger to which I am exposing myself. I am aware of the safety policy. I am voluntarily refusing the use of critical safety protection.

Signature: \_\_\_\_\_  
(Parent or Guardian if under 18)

Date \_\_\_\_\_

Printed name \_\_\_\_\_