



Mt. Pleasant Recreation Department

Mt. Pleasant Senior Center

MEMBERSHIP REGISTRATION

New Member _____ CHARLESTON CO. RESIDENT (\$140) _____
 Renewal _____ NON-RESIDENT (\$280) _____

Member Information: _____ (Please Print)		Date of Birth _____
First Name _____	MI _____	Last Name _____
Gender: Male _____	Female _____	Driver's Lic. # _____
Address _____		County _____
City _____	State _____	Zip _____
Home Phone _____		Work Phone _____
Cell Phone _____	E-mail _____	

Emergency Information	
Emergency Contact: _____	Name _____
	Relationship to Member _____
	Telephone: _____
Please list any special needs: _____	
Please list any relevant medical information (allergies, medications, etc.) Use back of page if necessary: _____	

Would you be interested in volunteer work at the Senior Center? Yes _____ No _____
Previous Occupation: _____
Interests: _____

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 Town of Mount Pleasant, the Mt. Pleasant Recreation Dept. 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.

Signature _____ **Date** _____

Please return this form along with your registration fee to:

Mt. Pleasant Senior Center
 840 Von Kolnitz Road
 Mt. Pleasant, SC 29464
www.tompssc.com

Telephone: (843) 856-2166
 Fax: (843) 856-1241

MPRD/Sr. Ctr (1/2020) Rev.

For Office Use Only:	Fee: _____	Discount: _____	Date: _____	Activity No. _____
Paid: Amount-Cash \$ _____	Check \$ _____	Visa/MC \$ _____	Receipt # _____	Received by: _____



**Mt. Pleasant Recreation Department
Mt. Pleasant Senior Center
Informed Consent/Liability Waiver**

I wish to participate in the **MT. PLEASANT SENIOR CENTER** Fitness Room, programs, and/or activities. In consideration for my participation, I agree that the Town of Mount Pleasant, all town departments, employees, independent contractors and vendors will not be responsible for any injuries or diseases I might suffer or contract while using these facilities. I use these facilities solely at my own risk.

1. I acknowledge that there are medical risks associated with my use of the facility and my participation in its activities. I understand that exertion and exercise involve risks of bodily injury.
2. 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.
3. I am assuming all risk associated with my use, including but not limited to risks of personal injury, property loss, or other damages including risks associated with fitness and weight equipment, exercise, or other related activities and facilities. This assumption of risks includes environmental, theft, and contagion risks in addition to risk associated with the actual use of fitness equipment or the participation in activities or exercise.
4. I will use the facility and participate in any offered activities, including but not limited to programs, training, and contests according to all applicable rules, policies, and schedules. The Mt. Pleasant Senior Center maintains the right to deny access to the facility or its activities at their discretion, and are expressly permitted to do so if I violate facility rules or conduct myself in a manner management deems in appropriate or disruptive.
5. I understand that my use of the facility and my participation in its activities is entirely voluntary. **I ASSUME RESPONSIBILITY FOR MY ACTIVITIES AND ANY ASSOCIATED HEALTH RISKS FOR INJURIES WHICH MAY RESULT OR BE AGGRAVATED BY MY USE OF THE FACILITY OR MY PARTICIPATION IN ITS ACTIVITIES.**
6. 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.

WAIVER: In consideration of my participation at the Mt. Pleasant Senior Center, I release and discharge the Town of Mount Pleasant, all town departments, employees, independent contractors and vendors, for any and all claims, demands, actions, or causes of action, and from any and all liability for any loss of property, damage, or personal injury of any kind, nature, or description, including death, that may arise or be sustained by me, during or related to my use of the facility, my presence in or about the facility, or my participation in its activities. This release shall be binding upon my heirs, administrators, executors, and assigns.

In consideration of your accepting my entry, I hereby, for myself, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I may have against the Town of Mount Pleasant 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.

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

Participant Name: _____ Participant Signature: _____
PLEASE PRINT

Date of Birth: _____ Date: _____