

FAISON RECREATION AND WELLNESS CENTER

MEMBERSHIP APPLICATION

MEMBERSHIP FEES

Resident:

Individual \$75 Family \$125

Non-Resident:

Individual \$125 Family \$175

Other:

Monthly \$30 Family \$50

**Make checks payable to:
Town of Faison**

STAYING IN TOUCH WITH OUR MEMBERS

Are you interested in volunteering at FRWC? Y/N _____

Please check the boxes below that correspond to your **volunteering** interests:

Coach Fitness Room Attendant Concession Stand Special Events
 Ticket Taker Facility Maintenance

May we contact you with updates about programs and events? Y/N _____

Name _____

Last 4 Digits of SSN _____ (This will be used to create your Member ID only.)

Address (Street, Town, State, Zip) _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

E-mail _____ Date of Birth ____/____/____

FAMILY INFORMATION

1. Name _____ Date of Birth ____/____/____ Last 4 Digits of SSN _____

2. Name _____ Date of Birth ____/____/____ Last 4 Digits of SSN _____

3. Name _____ Date of Birth ____/____/____ Last 4 Digits of SSN _____

4. Name _____ Date of Birth ____/____/____ Last 4 Digits of SSN _____

5. Name _____ Date of Birth ____/____/____ Last 4 Digits of SSN _____

LIABILITY WAIVER

In consideration of being allowed to participate in any way in the Faison Recreation and Wellness Center's athletics, fitness room and/or related activities, the undersigned:

1. Agree prior to participating, each participant will inspect the facilities and equipment to be used. If they believe anything is unsafe, they will advise the supervisor on duty of such condition(s) and refuse to participate.
 2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious personal injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or from the conditions of the premises or of the equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time.
 3. Assume all the foregoing risks and accept personal responsibility for the damages of equipment and self, following such injury, permanent disability or death.
 4. Release, waive, discharge and covenant not to sue the Faison Parks and Recreation Department, the Town of Faison, affiliated clubs, respective administrators, directors, agents, coaches, employees of the organization, participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are here and after referred to as "releases" from any and all liability to each including death or damage property, caused or alleged to be caused in whole or part by the negligence of the releases or otherwise.
- NO Smoking, Weapons, Alcohol or Drugs of any kind permitted in the Faison Recreation and Wellness Center.
 - Nobody under the age of 16 permitted in the weight room (even with parent). Nobody under the age of 12 permitted in facility without adult supervision.
 - Department representatives have complete authority to ask anyone to leave the premises at any time.

YEAR _____ SIGNATURE _____ DATE _____

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|--------------------|----------------|------------------------|-------------------|--------------|-----------------|
| Membership # _____ | Family # _____ | <u>OFFICE USE ONLY</u> | Amount Paid _____ | Cash / Check | Receipt # _____ |
|--------------------|----------------|------------------------|-------------------|--------------|-----------------|