

Lowcountry Senior Center (James Island) Membership Application

865 Riverland Drive, Charleston, SC 29412 LowcountrySeniorCenter@rsfh.com • (843) 990-5555

Personal Information								
First Name □ Mr. □ Mrs. □ Ms. □ Other		Last Name				MI		
Nickname on Badge		Mailing Address						
Email		Cit	City				State	Zip
Home Phone		Ce	Cell Phone		Work Phone			
Demographics								
Birthdate (mm/dd/yyyy): Gender:			Ethnic Group (o <i>ptional</i>):			onal):		
/			☐ Female ☐ Africa ☐ Asiar					
Present or former occupation:			Are you currently wor			vorking?	? □ Yes	□ No
Emergency Contact Inform	nation							
Emergency Contact Name			Relationship					
Home Phone		Cell phone V			Work Phone			
Membership Information								
How did you hear about the Senior Center?								
☐ Senior Center Newsletter		Sen	ior Center Website		City of Cha	rleston		Word of Mouth
☐ Physician / Healthcare Profess					Other Publ	ication _		
☐ Google or Other Online Search ☐ Other ☐ Other ☐ Member ☐ Member ☐								
Would you be interested in ve	olunteeri	ng a	at Lowcountry Ser	ior Cen	iter? 🗆 Y	es 🗆	No	
Type of Membership								
☐ Basic Membership \$70 ☐ Gold Membership \$105 ☐ Out of County Resident ☐ Temporary Monthly Membership \$80 Basic / \$125 Gold \$15 Basic / \$20 Gold) Gold
Number of months □ Silver: No charge (A fitness-only membership.) Only for those with the Silver Sneakers health insurance benefit.								
□ Silver Plus: \$40 (Full center membership.) Only for those with the Silver Sneakers health insurance benefit.								
Silver Sneakers Number: Date of Birth:								
Note: If you don't know your Silver Sneakers number, we will contact Silver Sneakers to confirm that you have that benefit. You will be required to sign a Silver Sneakers waiver of liability when you pick up your new Silver membership card.								
Method of Payment								
☐ Cash ☐ Check <i>(Make payable to Lowcountry Senior Center)</i> ☐ Credit Card: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express								
If paying by credit card and mailing your application:								
Credit Card Number:					_ Expiration Date: / Security Code:			
Name as it appears on card:								
Applicant Signature					Date			

Lowcountry Senior Center Informed Consent/Liability Waiver

I wish to participate in the **LOWCOUNTRY SENIOR CENTER** Fitness Room, programs, and/or activities. In consideration for my participation, I agree that Lowcountry Senior Center, Roper St. Francis Healthcare, its 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. Lowcountry 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 inappropriate 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.

<u>WAIVER</u>: In consideration of my participation at the Lowcountry Senior Center, I release and discharge Lowcountry Senior Center, Roper St. Francis Healthcare, its 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 Lowcountry Senior Center 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 <u>Release and Waiver of</u> <u>Liability</u> and agree that no oral or written representations, statement, promises, or inducements apart from the Written Agreement have been made.						
Participant Name:	(PLEASE PRINT)	Participant Signature:				
Date of Birth:	(FLLASL FRINT)	Today's Date:				

Office Use Only Date Rcvd	_	
BasicGold	Silver	Silver Plus
Renewal date	_	
Data MSC Badge	Scan Card	#