

**CORDOVA SENIOR COMMUNITY CENTER, INC.
160 MIXON MILL ROAD
APPLICATION FOR MEMBERSHIP**

(Please print all information clearly.)

<u>First Name</u>	<u>Middle Initial</u>	<u>Last Name</u>	
<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Date of Birth</u>	<u>If you have a physical disability, please explain.</u> (Confirmation from doctor required.)		
<u>Email address (optional)</u>			
<u>Home Phone Number</u> (include Area Codes)	<u>Cell Number</u>	<u>Work Number</u>	

<u>Emergency Contacts</u> (Please list two people we can contact in case of emergency) (include area codes)			
<u>Name</u>	<u>Relationship</u>	<u>Home Phone #</u>	<u>Cell Phone #</u>
<u>Name</u>	<u>Relationship</u>	<u>Home Phone #</u>	<u>Cell Phone #</u>
If contacts are not available or a situation occurs, please check to give permission to call 911. (<input type="checkbox"/>)Yes			

Please sign below that you understand that the membership fee is as follows and must be paid accordingly:
Single Person: \$5.00 set up fee plus \$5.00 monthly (\$10.00 for the first month) (\$5.00 monthly thereafter)
You and your spouse: \$5.00 set up fee for both plus \$5.00 each monthly (\$15.00 for the first month) (\$5.00 each monthly thereafter = \$10.00).
 (Membership fee is subject to change if necessary)

I understand I must present a statement from my doctor indicating I am physically able to use all exercise equipment at the Cordova Senior Community Center, Inc. I understand I cannot use this equipment until I obtain this statement from my doctor and present it to the Cordova Senior Community Center, Inc.

Signature

Date

MEDICAL CLEARANCE FORM

Patient's Name: _____

Dear Dr. _____

The Cordova Senior Community Center, Inc. has a weight and exercise program. It offers a variety of classes emphasizing better nutrition and encouraging improvement of balance, flexibility, and strength. Members may enroll in one or more classes that will meet no more than 2 to 3 times weekly. All exercise classes will be low or no-impact.

The Senior Center members have access to an unsupervised fitness room that includes cardio and strength machines.

Participation in the weight and exercise program may reduce your patient's risk of physical disability.

Please initial the line that reflects your wishes for the patient named, write any comments, then sign, date and return this form to the patient or to the address below.

- ___ a) My patient may participate in this program with **NO RESTRICTIONS.**
- ___ b) My patient may participate in this program with the **RESTRICTIONS LISTED BELOW.**
- ___ c) My patient **MAY NOT** participate in this program. My justification is indicated below.

Comments: _____

Please Print
Doctor's Name: _____ **Date:** _____

Doctor's Signature: _____

Please return this form at your earliest convenience to:

**Cordova Senior Community Center, Inc.
160 Mixon Mill Road
Cordova, S. C. 29039**

Phone: 803-531-4646

**RELEASE OF LIABILITY FOR NEGLIGENCE AND ASSUMPTION OF RISK
AGREEMENT**

CORDOVA SENIOR COMMUNITY CENTER, INC.

- 1. In consideration of being allowed to participate in classes or activities at the Cordova Senior Community Center, Inc., I KNOWINGLY AND FREELY RELEASE Orangeburg County, its county council, representatives, employees, volunteers, agents, assigns, officers, and heirs from any and all claims, obligations, choices of action, and liability of any kind whether caused by the negligence of the aforementioned releases or otherwise, arising out of or connected with my participation in classes or activities at the Cordova Senior Community Center, Inc.**

- 2. This release is intended as a full and complete release covering any possible claims, injuries or harm, contingent or otherwise, involving personal injury or property damage which may arise in connection with my participation in classes or activities at the Cordova Senior Community Center, Inc. and entry to and use of any facilities or equipment at the Cordova Senior Community Center, Inc.**

- 3. I understand that the risk of injury from participating in any exercise class or using any of the equipment at the Cordova Senior Community Center, Inc. is significant, including the potential for permanent disability and death, and while particular instruction and personal discipline will minimize this risk, the risk of serious injury does exist. Accordingly, in consideration of being allowed to participate in classes or activities at the Cordova Senior Community Center, Inc., I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability in Paragraph One (1) above, and assume full responsibility for my participation.**

- 4. I, HAVING READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant (Signature)

Date