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	City	State	Zip
Home Phone	Cell Phone	Work Phone	

Demographics

Birthdate (mm/dd/yyyy): ____ /____ /_____	Gender: ☐ Male ☐ Female	Ethnic Group (*optional*): ☐ African American ☐ Caucasian ☐ Hispanic ☐ Asian ☐ Other _____
Present or former occupation:		Are you currently working? ☐ Yes ☐ No

Emergency Contact Information

Emergency Contact Name	Relationship	
Home Phone	Cell phone	Work Phone

Membership Information

How did you hear about the Senior Center?

☐ Senior Center Newsletter ☐ Senior Center Website ☐ City of Charleston ☐ Word of Mouth
☐ Physician / Healthcare Professional ☐ Facebook ☐ Other Publication _____
☐ Google or Other Online Search ☐ Other_____ ☐ Member_____

Would you be interested in volunteering at Lowcountry Senior Center? ☐ Yes ☐ No

Type of Membership

☐ Basic Membership $70 ☐ Gold Membership $105 ☐ Out of County Resident $80 Basic / $135 Gold ☐ Temporary Monthly Membership $15 Basic / $20 Gold Number of months _____

If you have Silver Sneakers, Renew Active, Silver & Fit as a fitness benefit of your health insurance plan, please ask to speak to a staff person. Lowcountry Senior Center reserves the right to not accept these insurance benefits.

Method of Payment

☐ Cash ☐ Check *(Make payable to Lowcountry Senior Center)* ☐ Credit Card

If mailing your application and paying by credit card:

Credit Card Number: _____ Expiration Date: _ _ / _ _ _ _ Security Code: _____
Month Year

Name as it appears on card: _____

Applicant Signature _____ **Date**_____

The membership fee is nonrefundable, and memberships may not be paused.
Credit card charges may appear as Roper Hospital or Roper St. Francis on your statement.
Scholarships and payment plans are available; contact the center for information.
Return application in person to Lowcountry Senior Center or mail to the above address.

Please turn over, read, and sign the back of this application.

Office Use Only: Date Rcvd _____ Check #_____ CC _____ Cash _____ Gift Certificate _____
Basic ___ Gold ___ Silver ___ Silver Plus ___ Temp Basic ___ Temp Gold ___ Renewal date _____ Data___ MSC ___ Badge ___ Scan Card ___

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.

WAIVER: **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 ***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: _____Today's Date: _____