

**First Baptist Church Estep Family Life Center
1410 Sumter St
Columbia, SC 29201
803.343.8587**

Downtown Business Associates' Membership Form

A Membership Card is required for participation. Please remit \$80/individual or \$110/family for **6 months**. Memberships are only necessary for those 15 or older.

PLEASE PRINT

Last Name _____ **Address** _____

City/State _____ **Zip** _____ **e-mail** _____

Home Phone _____ **Work Phone** _____ **Spouse's Work Phone** _____

Are you a member of a church? Yes No If yes, where? _____

<u>First Name</u>	<u>Date of Birth</u>	<u>Place of Employment</u>	<u>Medical Problems</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Family Physician _____ **Phone** _____

Hospital Preference _____

Notify in Case of Emergency _____ **Phone** _____

Release/Permission Clause

The undersigned agrees to abide by all policies and regulations and assumes all risk and responsibility with respect to any involvement in activities at First Baptist Church, Columbia, South Carolina (FBC), including the Estep Family Life Center (EFLC). If this is a family membership, I shall make sure that all members of my family know, understand and agree to abide to the policies and regulations.

I, We the undersigned applicant, parent or guardian of applicant(s) for participation in the FLC of FBC do hereby release and discharge the FBC and its authorized representatives and staff from all liability of any kind and character upon any claim demand or cause of action which might be asserted in behalf of myself and/or parent/guardian of said minor against said church, representatives or staff. Furthermore, in the event of an accident if the said staff or representatives are unable to contact the parent(s) or guardian(s), we hereby grant permission to said staff or representatives to administer necessary First Aid, and/or to take applicant to the applicant's hospital preference for additional treatment. In addition, my signature of this waiver signifies my permission that any photographs taken while participating at the EFLC will become the property of FBC and may be used in published materials. By signing this agreement and renewing the membership these permissions/releases are extended through the length of the membership period.

Signature _____ **Date** _____

Staff Use Only:
Receipt # _____ **Expiration Date** _____