

# Columbia Fitness Club @ the Estep Family Life Center

## Downtown Community Membership Form

A Membership Card is required for participation. Please remit \$80/individual or \$110/family for **6 months**. Only those over 16 years of age are allowed to join.

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. _____	_____	_____	_____

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 Columbia Fitness club at the Estep Family Life Center (EFLC). By agreeing to this form, I assume all risk associated with participation in the weight and cardio rooms including, but not limited to falls, contact with other participants, the effects of weather, use of equipment, condition of facilities and/or equipment, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, myself, and anyone who act on my behalf, waive and release the First Baptist Church of Columbia and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participating or my child (children) in this activity even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I have read and understand the above waiver of participation. In addition, my acceptance of this waiver signifies my permission that any photographs taken while participating in activities at the EFLC will become property of First Baptist Church and may be used in published materials. 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 EFLC 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. 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 \_\_\_\_\_

Revised: 1/10/2023