**2023 Membership Release Form**

**The Carolina Shag Club**

**PO Box 17213, Greenville, SC 29606**

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Renewal  New Member**

$30.00 until March 1

$35.00 after March 1

**Membership fee collected**

Cash $\_\_\_\_\_\_\_\_\_\_\_

Check#\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_

**Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Monthly NEWSLETTER AND WEEKLY UPDATES ARE EMAILED TO OUR MEMBERS)

Birthday [d/m] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS IS A RELEASE, PLEASE READ BEFORE SIGNING**

I AGREE THAT THE CAROLINA SHAG CLUB OF GREENVILLE, SC AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS (HEREINAFTER THE “RELEASED PARTIES”) SHALL NOT BE LIABLE OR RESPONSIBLE FOR INJURY TO ME (INCLUDING PARALYSIS OR DEATH) OR DAMAGE TO MY PROPERTY DURING ANY CAROLINA SHAG CLUB ACTIVITIES, EVEN WHERE THE DAMAGE OR INJURY IS CAUSED BY NEGLIGENCE (EXCEPT WILLFUL NEGLECT). I UNDERSTAND AND AGREE THAT ALL CAROLINA SHAG CLUB MEMBERS AND THEIR GUESTS PARTICIPATE VOLUNTARILY AND AT THEIR OWN RISK IN ALL CAROLINA SHAG CLUB ACTIVITIES, AND I ASSUME ALL RISKS OF INJURY AND DAMAGE ARISING OUT OF THE CONDUCT OF SUCH ACTIVITIES. I RELEASE AND HOLD THE “RELEASED PARTIES” HARMLESS FROM CLUB ACTIVITIES AND EVENTS. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE “RELEASED PARTIES” FOR ANY INJURY OR DAMAGE TO MYSELF OR MY PROPERTY RESULTING FROM, OR IN CONNECTION WITH, ANY CAROLINA SHAG CLUB ACTIVITIES OR EVENTS. BY SIGNING THIS RELEASE, I CERTIFY THAT I HAVE READ THIS RELEASE AND FULLY UNDERSTAND IT, AND I AM NOT RELYING ON ANY STATEMENTS OR REPRESENTATIONS MADE BY THE “RELEASED PARTIES”.

MEMBER SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_