

2025 Membership Application & Release Form

Carolina Shag Club

PO Box 17213

Greenville, SC 29606

First Name(s): _____

Last Name(s): _____

Address: _____

City: _____

Phone #: _____

E-mail: _____

Birthday [day/month] _____

Birthday information only used for posting a member's birthday in the newsletter or bulletin.

NEWSLETTERS, weekly bulletins and special notices are EMAILED to club members. No postal service available.

Renewal New Member

Membership fee collected.

\$35.00 per person thru Feb 28

\$40.00 starting March 1, 2025

Cash \$ _____

Check# _____ \$ _____

*Make checks payable to Carolina Shag Club.
You may mail to address shown at top.*

THIS IS A RELEASE. PLEASE READ BEFORE SIGNING.

I agree that the Carolina Shag Club of Greenville, S.C. 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".

APPLICANT SIGNATURE _____ DATE _____

MEMBERSHIP/CSC REP. _____ DATE _____