



Conover Swimming Club, Inc.

Membership Renewal Registration - 2024

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

His Place of Employment: _____ His Cell: _____

Her Place of Employment: _____ Her Cell: _____

Members of Household/Dependents (**must be living at address above**) or babysitter:

	<u>Name</u>	<u>Relationship</u>	<u>Age</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

I have read and agree to abide by the rules of the Conover Swimming Club, Inc.

Signature: _____ Date: _____

***** WAIVER ON PAGE 2 MUST ALSO BE SIGNED *****

Family Annual Membership Dues \$415
Senior Annual Membership Dues \$260

Email or text a pic of BOTH pages of completed form to conoverswimclub@gmail.com

Pay via our website CONOVERSWIMCLUB.COM Click on the "Pay" menu tab

Catawba County
State of North Carolina

CONOVER SWIMMING CLUB WAIVER of LIABILITY and INDEMNITY AGREEMENT

1. The undersigned hereby RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the Conover Swimming Club (hereinafter referred to as "CSC"), its directors, officers, employees, and agents from all liability to The undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of The undersigned, whether caused by the negligence of CSC or otherwise while The undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with CSC.

2. The undersigned hereby AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the CSC and each of them from any loss, liability, damage or cost they may incur due to the presence of The undersigned in, upon or about the CSC premises or in any way observing or using any facilities or equipment of the CSC or participating in any program affiliated with the CSC whether caused by the negligence of the CSC or otherwise.

3. The undersigned hereby ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while in, about or upon the premises of the CSC and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the CSC.

4. The undersigned further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

5. The undersigned, parents and/or guardians of the minor children listed on the opposite page, do hereby authorize CSC, Inc. and its agents to obtain medical treatment for the minor children if they shall be injured or become sick while in attendance at or using the facilities of the CSC, Inc. Medical assistance may be given by any doctor or dentist licensed in North Carolina. It is the intent of this authorization to permit the CSC, Inc. and its agents to act in our name and place and to the full extent that the undersigned could act.

6. And the undersigned further do hereby release and agree to hold harmless any doctor or dentist rendering medical assistance, of any person acting on behalf of the CSC, Inc. in this connection.

This authorization and release shall remain in effect until revoked in writing or this paper reclaimed by The undersigned.

Signature: _____ Date: _____