



Family Circle Tennis Center ~ Pickleball Membership Application

Name _____ Birth date _____

Address _____

City, State, Zip _____

Home Phone # _____ Cell # _____

Email _____ Emergency Contact Name _____

Emergency Phone # _____

Level of Play: **Beginner** **Intermediate** **Advanced**

MEMBER BENEFITS

- Court reservations three days in advance by calling the Pro Shop at 843-849-5300
- 10% discount off Pro Shop merchandise
- Discount for any sponsored pickleball events (socials, tournaments)
- Free use of pickleball equipment via Pro Shop
- \$10 guest fee for invited guests paid prior to play
- Locker room use with towel service
- Pre-sale for Volvo Car Stadium concerts and special events
- Weekly e-newsletter
- Pickleball instructional clinics available

FAMILY CIRCLE TENNIS CENTER PROCEDURES

- Courts are available for play in 1½ hour blocks [except for holiday and special event closings]:
 Monday to Thursday 8am to 8pm Friday 8am to 7pm
 Saturday 8am to 5pm Sunday 9am to 5pm
- Upon arrival, please sign in at the Pro Shop front desk prior to play to receive court assignment.
- Please cancel in advance any unneeded courts.

Type of Membership:

- Annual Pickleball \$100

Family Circle Tennis Center
WAIVER AND LIABILITY RELEASE
Please read before signing

In consideration of being allowed to use the tennis, exercise, and other equipment and facilities of FCTC (the "**Facilities**"), and to participate in classes, sports events, exercise programs and other activities held at or occurring on FCTC's premises, including, but not limited to, those offered in connection with any program, concert, event, or other function held at or occurring on FCTC's premises (the "**Activities**"), the undersigned acknowledges, appreciates, and agrees as follows:

1. The risk of injury from my use of the Facilities and participation in the Activities is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined below) or others, and assume full responsibility for my use of the Facilities and participation in the Activities.
3. I willingly agree to comply with the stated and customary terms and conditions for my use of the Facilities and participation in the Activities. If, however, I observe any unusual significant hazard in my presence or during my use of the Facilities or participation in the Activities, or I otherwise believe any conditions or equipment of FCTC to be unsafe, I will immediately discontinue further use of the Facilities and participation in the Activities and bring the aforementioned to the attention of the nearest FCTC staff member immediately. I agree to comply with FCTC's membership policies and rules that may be communicated to me from time to time either in writing, through signage or verbally. FCTC may, in its sole discretion, modify the policies and any rule without notice at any time. FCTC reserves the right to refund the pro-rated cost of unused services and terminate my membership immediately for violation of any membership policy or rule.
4. I, for myself and on behalf of my heirs, assigns, personal representatives, executors, administrators, and next of kin, HEREBY RELEASE AND AGREE TO HOLD HARMLESS Charleston Tennis, LLC, its parent, subsidiary and related companies and their members, MWTennis, LLC, its parent, subsidiary and related companies and their members (collectively, "**MWTennis**"), the city of Charleston ("**Charleston**"), Daniel Island Associates, LLC and The Daniel Island Company, Inc. (together, "**Daniel Island**") and the officers, directors, officials, agents, employees, volunteers, representatives, other participants, sponsoring agencies, sponsors and advertisers of the forgoing (together, "**Releasees**"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I hereby authorize Charleston Tennis LLC to allow the reproduction, dissemination, and publication of my name, likeness, and voice (including, but not limited to, by photograph, film, and/or video tape recording) in connection with my use of any of the Facilities or my participation in any of the Activities, for media coverage, public relations, or any other purpose. I understand and agree that I may neither pay a fee to receive individual promotional consideration from my use of the Facilities or participation in the Activities, nor will I receive any payment for the possible commercial use of my name, likeness, or voice as contemplated hereunder.

I HAVE READ THIS WAIVER AND LIABILITY RELEASE. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT. I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AS OF THE DATE OF MY SIGNATURE BELOW, OR THAT I AM AUTHORIZED BY MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE ON THE AUTHORIZATION AND WAIVER BELOW.

Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian Authorization and Waiver:

This is to certify that I, as the parent/guardian of the above-named person, have the right and authority to sign this waiver and liability release on his/her behalf and do hereby consent and agree to his/her release of all Releasees as provided above. For myself, my heirs, assigns, personal representatives, executors, administrators, and next of kin, I HEREBY RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Releasees from and against any and all liabilities incident to the above-named person's use of the Equipment or participation in the Activities as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. I further grant to FCTC the right to act as guardian/spokesman in granting permission for emergency treatment or hospitalization (including anesthesia) if necessary for my child en route to, from, or at the site of FCTC or hospital or other medical facilities. I understand that should a health emergency arise, an attempt will be made to notify me, but that if I cannot be reached promptly by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

Signature: _____ Date: _____

Printed Name: _____ Telephone: _____

Street Address: _____

City/State/Zip: _____