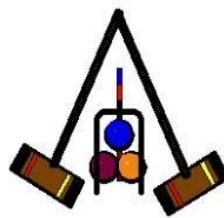


Tega Cay Croquet Club



Mailing Address:

TCCC

c/o Barbara Powell, Treasurer

3045 River Bend Dr.

Tega Cay, SC 29708

Website: www.tegacaycroquet.com

Application for Adult Membership

(Club fiscal year is from October 1 to September 30.)

I am applying for the following type of annual membership:

___ **Adult** (Ages 19 and older) \$150/yr. (prorated 1st part year)

By my signature on the next page, I hereby apply for membership in the Tega Cay Croquet Club. Use of the facility and executing this application acknowledges agreement to comply with all club rules and regulations and releases Tega Cay Croquet Club from any and all claims or causes of action for personal injury, property damage or theft.

Contact Information: (please print)

Name: _____

Home Address: _____

City/State/Zip Code: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

If you would like to join, fill out and send this Membership Application and a check for first year's dues to the address above or give to any TCCC Board Member. If you have questions about the *Tega Cay Croquet Club* (TCCC), contact Michele McGuire at (803) 650-8149 or mdmcguire29708@yahoo.com. For further information about the Tega Cay Croquet Club, visit our website at www.tegacaycroquet.com.

Revised 11/13/24

Tega Cay Croquet Club
GENERAL RELEASE WAIVER

I hereby acknowledge that I am voluntarily participating in croquet activities organized by the Tega Cay Croquet Club. I understand that these activities involve inherent risks, including but not limited to bodily injury, property damage, and death, which may occur as a result of my participation. Therefore, I agree to the following terms:

1. **RELEASE AND WAIVER OF LIABILITY:** I hereby release and forever discharge the Tega Cay Croquet Club organization (hereafter referred to as the TCCC), its directors, officers, members and volunteers (collectively, the "Released Parties"), from any and all liability, claims, demands, and causes of action that I may have now or in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me, whether caused by the negligence of the Released Parties or otherwise.
2. **ASSUMPTION OF RISK:** I understand and acknowledge that my participation in the sports activities organized by the TCCC organization involves inherent risks. The sport of croquet may include, but is not limited to bodily injury, property damage, and death. I voluntarily assume all risks associated with my participation in these activities.
3. **INDEMNIFICATION:** I agree to indemnify, defend, and hold harmless the Released Parties from any and all claims, demands, and causes of action, including attorneys' fees and costs, arising out of or related to my participation in the sports activities organized by the TCCC organization.
4. **MEDICAL TREATMENT:** I authorize the TCCC organization, its agents, employees, and volunteers, to obtain or provide medical treatment for myself in the event of any injury, illness, or other medical condition that may occur during my participation in the sports activities.
5. **ACKNOWLEDGEMENT OF UNDERSTANDING:** I have read this sports waiver, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue the Released Parties for any injury, death, or damages that may result from my participation in the sports activities organized by the TCCC organization.

By signing below, I acknowledge that I have read and fully understand this sports waiver, and I voluntarily agree to its terms.

Today's date

Name - please print

Signature

Rev 12/24