



Rocky Mount Parks & Recreation OPEN CLAY MEMBERSHIP APPLICATION

Please complete this form and submit to info@imperialcentre.org

Participant Information

Name of Participant: _____ Date of Birth: ____/____/____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Allergies & Illnesses: _____

In Case of Emergency Contact Information:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician _____ Phone: _____ Location: _____

Participant has prior knowledge & experience in ceramics: Yes No

Participant has read and agrees to the rules of the Open Clay Studio Yes No Initial: _____

Studio Orientation Date: _____

Membership Start Date: _____ Membership End Date: _____

In the event of a medical emergency, I authorize City of Rocky Mount staff, if unable to contact the emergency contact or physician listed above, to enlist the services of the physician of its choice and, at staff's discretion, to transport by ambulance to receive medical care.

RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

IN CONSIDERATION of my participation in the above selected program (the "Activity") sponsored by the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorney's fees) related thereto, arising out of, or in any way connected with my participation (or the participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Activity. I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law. I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.

***THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.**

*Pictures or video clips may be taken while participating in City of Rocky Mount Parks and Recreation programs. If you do not concur, please contact the Parks and Recreation Department at 252-972-1151.

(SEAL)
Signature of Participant Parent/Guardian
(if participant is a minor)

Name of Parent/Guardian (print)
(if participant is a minor)

Date