



2018 Friends of Pemberton Membership Registration

PARTICIPANT INFORMATION

PRIMARY CONTACT _____ BIRTH DATE _____

ADDRESS _____

PHONE # _____ E-MAIL _____

Please check here if you do *not* want to receive email updates on future activities and programs from Wicomico County Recreation, Parks and Tourism

MEMBERSHIP OPTIONS

Select your Membership: **Individual Adult** \$25.00 per year **Household Family** \$50.00 per year **Senior (55 and over)** \$15.00 per year

If selecting Household Family Membership, please list the additional members to include on your account. Use back if necessary.

Name _____ Relation _____

Name _____ Relation _____

Name _____ Relation _____

PAYMENT INFORMATION

Payment Amount: \$ _____ Cash Check Credit Card

CC# _____ Exp: _____ Verification Code (3 digit): _____

Signature: _____

MEDICAL INFORMATION and WAIVERS

MEDICAL INFORMATION Please list clearly any medical conditions or medications taken that would affect participant's involvement in this program:

GENERAL WAIVER In consideration of the execution of a similar contract by all persons participating in this program/league, I hereby I agree to abide by all rules, uphold the principles of sportsmanship and fair play, and abide by the County Code of Conduct. I further agree that the medical information given above is correct. The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless Wicomico County and the Wicomico County Department of Recreation, Parks and Tourism, its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the program. In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the program including exposure to the potential risk of concussion. No insurance covering accident or injury has been provided for participants. Arrangements for any such insurance would have to be made individually by the undersigned, and at no time will my participation in a program be contingent on divulging any confidential medical information.

Participants Signature

Date