

Membership Type \_\_\_\_\_

Expiration Date \_\_\_\_\_

**CITY OF SEMINOLE / HOLLAND G. MANGUM RECREATION COMPLEX  
MEMBERSHIP APPLICATION (NON-TRANSFERABLE)**

Two (2) proofs residency:     Driver's License \_\_\_\_\_     Utility Bill \_\_\_\_\_     Tax Bill \_\_\_\_\_     Vehicle Registration \_\_\_\_\_

First Name: \_\_\_\_\_     Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_     State: \_\_\_\_\_     Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_     E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_     Date of Birth: \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_     **Contact Relationship:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

**PLEASE LIST ALL FAMILY HOUSEHOLD MEMBERS (LIVING IN YOUR HOUSEHOLD & UNDER THE AGE OF 18)**

Name	Membership Type/Exp date	Relationship	Date of Birth

I, the named adult participant or parent/legal guardian of the named child, on this form, do hereby assume all risks and hazards incidental to my participation in activities, use of the equipment and facilities or my child's participation in activities, use of equipment and facilities of the City of Seminole Recreation Center Complex and I do hereby agree to waive, release, absolve, defend and hold harmless the City of Seminole, its employees, officers, agents, volunteers, and elected officials from any and all claims, damages, losses or injuries of any kind, resulting from the participation in activities, use of equipment and facilities of the City of Seminole's Recreation Center Complex.

**THIS RELEASE INCLUDES A RELEASE FOR ANY AND ALL LOSSES OR INJURIES ARISING OUT OF ANY ACT OR OMISSION OR NEGLIGENCE, EITHER ACTIVE OR PASSIVE OF THE CITY OF SEMINOLE, ITS EMPLOYEES, OFFICERS, AGENTS, VOLUNTEERS, AND ELECTED OFFICIALS. THIS RELEASE IS GIVEN AND SIGNED OF MY OWN FREE ACT AND WILL.**

\_\_\_\_\_  
Signature of Participant or Parent/Legal Guardian

\_\_\_\_\_  
Date

I hereby authorize the City of Seminole to take photographs of myself and/or my child(ren) and use these images in the promotion and marketing of the City of Seminole Recreation Center's facility, programs, events, and activities, which may include media coverage and/or viewing by the general public. By signing below, I give my legal authorization for the City of Seminole to use photos and videos of myself and/or of my child(ren).

\_\_\_\_\_  
Signature of Participant or Parent/Legal Guardian

\_\_\_\_\_  
Date

**MEMBER CODE OF CONDUCT**

- Participants will be responsible for any damage to City property and facilities
- Fighting shall be prohibited
- Language and conduct deemed inappropriate by staff will not be allowed
- Drugs and alcohol are prohibited on City property
- Participants under the influence shall be removed from the facility
- Behavior deemed abusive to staff, coaches, officials, or other participants will not be allowed
- Members shall not bring unauthorized guests into the facility
- Members shall not remove Recreation Center equipment from facility

Failure to observe the above rules may/will result in:

- Verbal reprimand from staff and/or conference with Recreation Director
- Suspension from the facility for one (1) day and/or up to one (1) year

\_\_\_\_\_  
Member's Initials

\_\_\_\_\_  
Office Staff's Initial



### **Acknowledgement of Risks and Waiver of Liability Relating to Coronavirus/COVID-19**

I acknowledge that on March 13, 2020, the President declared a National Emergency concerning the Novel Coronavirus Disease (COVID-19) outbreak. On March 9, 2020, the Florida Governor declared a State of Emergency for the entire State of Florida as a result of COVID-19.

I am aware of the contagious nature of COVID-19 and have voluntarily chosen to allow myself and/or child(ren) to participate in programs operated by the City of Seminole Recreation Department (Seminole Rec).

I acknowledge that City of Seminole employees come into contact with multiple individuals, and are taking precaution to reduce the likelihood of transmission of COVID-19 by employees. Notwithstanding, City of Seminole employees and agents thereof cannot guarantee that myself and/or child(ren) will not become exposed to or infected with COVID-19.

I knowingly acknowledge that, by allowing myself and/or child(ren) to participate in City of Seminole's Recreation programs, I am aware of the risk of exposure to COVID-19 to my child(ren) and myself, which may result in serious personal injury, illness, permanent disability, or death. I understand the risk of becoming exposed to or infected by, COVID-19 which may result from actions, negligence, and failures to act of myself and others, including but not limited to, City of Seminole employees and agents, and other program participants and patrons.

I agree to assume all of the foregoing risks, and accept personal responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I may suffer arising out of, or in connection with, my child(ren) or myself becoming exposed to or infected by COVID-19 while my child(ren) is/are participating in any City of Seminole Recreation program. On my own behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, and forever discharge the City of Seminole, its employees, agents, and representatives, of and from any and all liabilities, claims, actions, damages, costs, or expenses of any nature ("Claims") arising out of, or in any way connected with, my child(ren) or myself becoming exposed to or infected by COVID-19. I understand that this release includes any Claims based on the negligence, action, or inaction of any of the City of Seminole, its employees, agents, and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during, or after participation in any City of Seminole Recreation program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed:

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