

HURRICANE CREEK RECREATION AREA

SWIMMING - TENNIS - CLUBHOUSE

2019 Member Information Form
(please fill out both sides)

Member Name: _____

Address: _____

City: _____ Zip Code: _____

E-mail Address: _____

Children: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contacts and Phone Numbers (optional):

1) _____

2) _____

Membership expires April 30th of the following year and is non-transferable. Membership fees and payments are non-refundable regardless of reason, including but not limited to homesale or relocation.

By signing this form I am indicating that I have read and understand the rules and regulations governing the use of Hurricane Creek Recreation Area property and facilities. Upon acceptance of this membership application I agree to abide by all HCRA rules and regulations including those regarding liability as stated in HCRA's Liability Release and Medical Release Form printed on the reverse side of this page.

Signature: _____ Date: _____

Please make checks payable to:
Hurricane Creek Recreation Area (HCRA)
P.O. Box 21159, Chattanooga, TN 37424

For additional information contact: Ralph or Sharon McDarmont
423-713-9417 or 423-991-4740

HURRICANE CREEK RECREATION AREA, INC.
2019 LIABILITY RELEASE AND MEDICAL RELEASE FORM

Names of Minors Covered by this Document: _____

Name of Parent or Legal Guardian: _____

Liability Release:

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, as parent or legal guardian of the minor(s) listed above (hereinafter "Minors"), hereby grant the permission necessary to allow Minors to participate in activities and events conducted by Hurricane Creek Recreation Area, Inc. (HCRA). I, in my own behalf and on behalf of Minors, further agree to release and to hold harmless Hurricane Creek Recreation Area Inc. and the respective directors, officers, representatives, members, agents and employees from any and all liability whether caused by negligence of the agents and employees of HCRA and their respective affiliates (hereinafter collectively "Releasees") and from any and all liability whether caused by negligence of Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitation, attorney's fees, and costs) arising out of or connected with HCRA activities and events, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) arising out of or connected with HCRA activities and events. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minors or by any other persons on the account of damages of any character resulting to Minors in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim or demand.

I, in my own behalf and on behalf of Minors, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minors, am aware that this Liability Release releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minors, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ **Date:** _____

Medical Release:

I, in my own behalf and on behalf of Minors, acknowledge and agree that HCRA activities and events subject Minors to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minors, acknowledge that Minors are assuming the risk of such illness or injury by participating in HCRA activities and events. In the event of such illness or injury, I authorize Hurricane Creek Recreation Area Inc. to obtain necessary medical treatment for Minors and hereby, in my own behalf and on behalf of Minors, release and hold harmless Releasees in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minors for any illness or injury that Minors may sustain during HCRA activities and events. I represent that any medication to which Minors are allergic or medications that Minors are currently taking are listed below.

Medications (if any): _____

Allergies (if any): _____

Medical Conditions (if any): _____

I, in my own behalf and on behalf of Minors, hereby warrant that I have read this Medical Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minors, am aware that this Medical Release releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minors, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ **Date:** _____

Relationship to Minors: _____