



C/O FCPR
2150 Sontag Rd.
Rocky Mount, VA 24151

Membership Application

\$25.00 fee per year* (checks made payable to Franklin County Creek Freaks)

Please Print

Full Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Email Address: _____ Contact Phone Number: _____ (Circle One) Cell Home Work

Emergency Contact Name/Number: _____

This membership is for (circle one): Solo Family

Spouse: _____ Minor Children: _____

I Paddle (circle one): Canoe Kayak Flat Bottom Other(specify) _____

I prefer to paddle in (circle all that apply): Flat water Class I-II Class III and above

Please list any comments, things you would like to see the club do, or events you would like to volunteer for: _____

Liability Waiver Form

I, (Name) _____, wish to participate in this club that is co-sponsored by the Franklin County Parks and Recreation. I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity takes place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements. I understand that it is important that I be in good physical condition when I engage in this activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level. I hereby expressly assume the risk of any physical injury or other loss that I might sustain as a result of my participation in this activity and any transportation related thereto. I further understand that there may be risk of injury traveling to and from the area where the activity will take place. I further expressly waive and covenant not to sue on any claim we might have against the County of Franklin, any officer, any employee of this organization, any volunteer, or the estate or representative of such persons for any personal injury or loss that I might sustain as a result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise; except that this waiver shall not apply to any claim we might have against the County, of any such personal injury or loss I might sustain arising out of the gross or wanton negligence of any such persons or entity. **I also give permission to be photographed and used in any form of publication to promote Franklin County Parks and Recreation. I am also aware that these photos will be placed on the Franklin County Parks and Recreation website.**

Printed Name: _____

Date: _____

Signature: _____

*Creek Freak membership runs from March 1 of the year you join to Feb. 28 of the following year. Those members joining after November 1 will be credited for membership dues for the next year.

