



# Women's Association of Hilton Head Island

**2024-2025 MEMBERSHIP APPLICATION** for June 1, 2024 through May 31, 2025

Visit our website at [www.wahhi.org](http://www.wahhi.org) and Facebook at [facebook.com/wahhi.fun/](https://facebook.com/wahhi.fun/)

**Regular Member:** New \$45  Renewal \$45

**Diamond Member:** New \$70  Renewal \$70

*Diamond membership includes a \$25 donation to the WAHHI Charitable Fund*

**Sapphire Member:** \$150

*Sapphire membership includes a \$105 donation to the WAHHI Charitable Fund*

**Name** \_\_\_\_\_

*(Please print your information completely and clearly as you would like it to appear in the Membership Directory)*

**Address** (WAHHI Membership is open to women residing on Hilton Head Island, on Daufuskie Island, in the incorporated Town of Bluffton or in those communities that lie south and east of the intersection of Hwy 170 and Hwy 278, with direct access to Hwy 278 or access via feeder roads that lie within the boundaries of the Okatie and May Rivers.)

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Neighborhood** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**YES! I would like a permanent magnetic nametag with the WAHHI logo to use at WAHHI gatherings**

*If YES, print your name as you would like it to appear on the nametag and **include an additional \$10** with your membership payment.*

**Name** \_\_\_\_\_

**We'd love to hear about your background and any skills or special interests you have.**

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**Please send this form, the signed liability waiver, and your check made out to WAHHI to:  
Membership Chair, Linda Jackson, 702 Colonial Drive, Hilton Head Island, SC 29926**

**Or you can join or renew and pay online by credit card at [www.WAHHI.org](http://www.WAHHI.org)**

**Be sure to include a Signed Liability Waiver as it is a requirement for becoming a WAHHI member.**

Thank you and we look forward to your participation this year!

If you have questions, please contact the Membership Chair, Linda Jackson at 703-409-2706 or [membership@wahhi.org](mailto:membership@wahhi.org).

WOMEN'S ASSOCIATION OF HILTON HEAD ISLAND (WAHHI)

**WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN WAHHI SPONSORED ACTIVITIES, AND FOR VOLUNTEERING AND/ OR PARTICIPATING IN WAHHI AFFILIATED PROGRAMS FOR ANY PURPOSE, WITHOUT RESPECT TO LOCATION, I HEREBY AGREE TO THE FOLLOWING:

1. I UNDERSTAND that by utilizing the services, activities, and programs of WAHHI, there is a risk of injury, including permanent disability; risks of illness and/or risks of contracting contagious diseases, including, but not limited to the coronavirus or COVID-19; or death, when participating in recreational activities, utilizing equipment, and participating in any services or programs offered by WAHHI, which may include activities involving the use and consumption of alcohol; boating and water sports; and the use of vehicles, golf carts, and other motor-propelled devices; among other things, and I specifically acknowledge that the risk of serious injury does exist.
2. I, on behalf of myself, my agents, personal representatives, assigns, heirs, and devisees, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE WAHHI, its directors, officers, volunteers, and agents (hereinafter referred to as "releasees") for any liability, loss or damage, and any claim or demands, therefore, that I may have either now or in the future, on account of injury or damage to my person or property, or resulting in death, while I am in, upon, or about the premises or any facilities therein, or participating in any program or activity affiliated with WAHHI, without respect to location, whether caused by the negligence of the releasees or otherwise, except that which is the result of gross negligence and/or wanton misconduct.
3. I HEREBY AGREE TO INDEMNIFY, SAVE, AND HOLD HARMLESS the releasees from any loss, liability, damage, or cost they may incur due to my being in, upon, or about any premises and/or facilities procured by WAHHI, or in any way using any facilities or participating in any program affiliated with WAHHI, whether caused by the negligence of the releasees or otherwise.
4. I HEREBY KNOWINGLY AND FREELY ASSUME FULL RESPONSIBILITY FOR ALL RISKS OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, whether known or unknown, due to negligence of releasees or otherwise while in, upon, or about any premises and/or facilities procured by WAHHI, or while using any facilities or participating in any program affiliated with WAHHI. I hereby further waive any and all duty of the releasees to warn and/or protect me of any and all dangers, whether hidden, open, obvious or otherwise, whether or not releasees know of, have reason to know of, and/or could reasonably discover, such dangers.

I FURTHER UNDERSTAND and expressly agree that the foregoing WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of South Carolina, or other binding authority and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**I have read and voluntarily agree to this Waiver and Release of Liability and Indemnity Agreement, fully understanding its terms and understanding that I have given up substantial rights by agreeing to accept its terms, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.**

I HAVE READ THIS RELEASE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Participant's Signature

\_\_\_\_\_  
(Print Name)