



2026 GOLF NON-RESIDENT MEMBERSHIP AGREEMENT & WAIVER OF LIABILITY

(Agreement remains in effect until revoked in writing by either party.)

APPLICANT NAME(S): _____

ADDRESS: _____

ADDITIONAL HOUSEHOLD MEMBERS (must be living in the same household):

EMAIL ADDRESS: _____ 2nd EMAIL: _____

PHONE # 1: _____ PHONE # 2: _____

By signing below, I agree that this is a membership agreement and waiver of liability between Stone Creek Cove Homeowners Association (SCCHOA), and myself, the above named, and includes the following (select all that apply):

AGREEMENT TERMS AND CONDITIONS

(form rev. 03/28/ 2026)

Golf:	Membership class code _____ \$ _____ per month for # _____ consecutive months. Membership begins _____ / _____ / _____ and ends _____ / _____ / _____. Additional (over 4) family members # _____ times \$10 each per month \$ _____. Total amount \$ _____ to be billed monthly.
Other: (SAME TERMS, CONDITIONS & RULES APPLY)	
<u>Personal golf cart</u> use at SCC requires a trail fee of \$50 per cart, per month, billed monthly. Total carts # _____ times \$50 equals amount per due month \$ _____. Beginning month: _____.	
<u>Cart Storage Shed Rental Rates:</u> Gas Carts # _____ at \$ _____ per month; Electric Cart(s)# _____ at \$ _____ per month, for a total of \$ _____ to be billed monthly for the following cart(s): _____ _____ _____ Make, Model, Color for ea. (if more than 1).	
<u>Handicap Fees</u> \$30/yr, billed annually from start date ___/___/_____. See Stone Creek Cove Terms, Conditions, Rules, & Regulations for more info.	

I further agree that: I have read, and agree with, all the "Stone Creek Cove Terms, Conditions, Rules, and Regulations" for this agreement, and will retain a copy for my records for reference. I willingly agree to comply with the stated and posted rules for participation. I understand that failure to follow all the rules and regulations can result in suspension or cancellation of membership, with no refunds or membership dues; and

I understand that I am solely responsible for the safety of myself, family members, and guests at the GOLF COURSE, and all other facilities. By signing this waiver, I assume complete and sole responsibility and liability for any and all injury, death, or damage to property, real or personal for myself, family members, and guests; and,

All billing fees are due by the 15th of the month. Please make checks out to SCCHOA. Payments may be mailed to SCCHOA, 101 Lakefront Drive, Anderson, SC 29626. Any fees not received by the due date will incur a penalty of 8.75% APR added to your account; and,

I further indemnify and hold the SCCHOA, the Board of Directors, volunteers, and employees harmless from any and all claims, demands, actions, suits, or proceedings made against the SCCHOA arising out of, or in any way related to, the use of the GOLF COURSE, SWIMMING POOL, SPORTS COURT and all other facilities. This indemnity shall also include all sums payable or paid by the SCCHOA for any legal fees or costs. The selection of legal counsel shall be at the sole discretion of the SCCHOA.

Applicant Signature	Date	Membership # (Pro Shop assigns)
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