

(This is for **new members only**. There is a separate form for existing member renewal)

**Membership to the Parker Senior Center is \$48 annually.** Your membership will expire 1 year from the date of this form. You will receive a renewal reminder 30 days prior to expiration.

Name: \_\_\_\_\_

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

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*We use our Monthly Newsletter as our main source of communication. We will email the Newsletter to you on the 20<sup>th</sup> of the month prior. If you do not have email, we will mail the Newsletter to you (which will take a little longer to receive). Please check your preference.*

☐

Email

☐

Mail

☐

Pick it up at the Center

If you **do not** want to be published in our **Membership Directory**, please check here: ☐ DNP

*Emergency Contact (family member or friend):*

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Do you live alone: ☐ Yes ☐ No List below any health information we should know about:

**WAIVER AND RELEASE OF LIABILITY:** I understand that the activities, services, trips, and events offered by the Parker Senior Center (PSC) may have an element of hazard or inherent danger, and further may be an extreme test of a person's physical and mental abilities. I understand that my participation in such activities, services, trips and events can cause serious injury, potential death, and property damage. I further understand participating in activities and trips while in a wheelchair may present special hazards, inherent danger, and be an extreme test of physical abilities. With full understanding of the potential risks, I hereby assume the risks of participating in activities, services, trips, and events offered by the PSC. On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby waive, release, and discharge the PSC, its officers, directors, employees, and volunteers from any and all claims, liabilities, losses, costs, or expenses, for death, personal injury, or damages of any kind that I may incur while participating in or traveling to and from PSC activities, services, trips and events, whether such losses, damages or injuries are a result of negligence of PSC, its officers, directors, employees, and volunteers except for loss, damage, or injury which is the result of gross negligence and/or wanton misconduct of PSC, its officers, directors, employees, and volunteers. I agree to indemnify and hold harmless PCS, its officers, directors, employees, and volunteers from any claims made or liabilities assessed against them as a result of my actions or any action taken on my behalf.

In consideration of the rights and privileges granted to me by my involvement with the PSC, I certify that I have read and understand the above WAIVER AND RELEASE OF LIABILITY and that I understand that I have given up substantial rights by signing this document, and hereby acknowledge that I am signing voluntarily. I also understand and agree that my photograph may be taken while participating in PSC activities, services, trips and events and such photograph may be used in publications and for promotional purposes and I will not be compensated for the use of my photograph. As a member of the Parker Senior Center, I will adhere to the "Code of Conduct" as set forth in the Bylaws.

**Signature of Applicant:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_