

**Annual Membership to the Parker Senior Center is \$48.** Membership is good for 1 year from the date of this form. You will receive a renewal reminder 20 days prior to expiration. A completed form and signed waiver is required for new **and** renewing members every year.

*Confidentiality Statement: We do not share your information with anyone.*

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

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

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

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

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

*If applicable,* Wedding Anniversary Date: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

*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 each month. Printed copies are available for pick up at the Center around the 25<sup>th</sup> of the month.*

**Emergency Contact (family member or friend):**

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

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

Do you live alone?  Yes  No Please list below health information we should know: \_\_\_\_\_

\_\_\_\_\_

**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 PSC, 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:** \_\_\_\_\_  
*required*

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