

GROVEPORT SENIOR CENTER 2016 MEMBERSHIP APPLICATION

Groveport Senior Center
7370 Groveport Road
Groveport, Ohio 43125

Name _____
(first) (last)

PLEASE FILL OUT SPOUSE INFORMATION ONLY IF SPOUSE IS JOINING

Spouse _____
(first) (last)

Phone (_____) _____ Cell Phone (_____) _____

Street Address _____

City _____ State _____ Zip _____

Birth Date ___/___/___ Spouse Birth Date ___/___/___ Anniversary ___/___/___
Wedding

Hobbies _____

Would you be interested in teaching a class pertaining to your hobbies? YES or NO

If yes, please list which one(s) _____

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____

Home Phone (_____) _____ Work or Cell Phone (_____) _____

**Membership Dues: \$6.00-Checks payable to Groveport Senior Citizens, Inc.
Renewals received after December 31st will be assessed a \$2.00 late fee.**

I am age 90 or above _____ (Free Membership) **YOU MUST FILL OUT A FORM**

PLEASE COMPLETE WAIVER ON REVERSE SIDE

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FOR OFFICE USE ONLY

Date ___/___/___ New _____ Renewal _____ Cash _____ Check# _____

Membership Directory/Database ___ NL _____ Rec Trac _____
City of Groveport

Groveport Recreation Department
Senior Center

Waiver & Indemnification Agreement

In signing this release for myself and for any named immediate family member minor participant(s) (if such participant is under the age of eighteen), I acknowledge and understand that as a participant at the Groveport Recreation Center, Aquatic Center, Senior Center, Town Hall and/or any other facility, activity or program of the City of Groveport, I/we will be exposed to risks of serious bodily injury, sickness or death due to circumstances inherent in the City of Groveport facilities, activities, programs and trips, including the negligent acts or omissions of others. I acknowledge that there are a variety of risks and dangers inherent in recreational activities, trips and facilities, including but not limited to: sports related injuries; collisions with stationary objects; falls; risks associated with water-related activities (including diving injuries and drowning); adverse environmental conditions or any other conditions which may cause heat stroke, heat exhaustion, hypothermia or any other illness or injury; physical contact between participants; injuries related to overexertion; slippery floors; misuse or inexperience with fitness equipment. In exchange for being permitted to participate, I voluntarily agree to assume all of these risks and other risks inherent in participating in such activities, programs, trips and facilities. I acknowledge that I (or the participants for whom I sign) have/has no physical limitations, or disabilities of any kind which would restrict me or them from participating. I agree to make City staff aware of any special accommodations that may be needed at the time of registration and I agree to note such special accommodation on said form. Despite these dangers, and in consideration of the City of Groveport accepting my registration, I for myself and/or the immediate family member minor participant(s) for whom I am signing, all heirs, executors, administrators and assigns, agree to hold harmless and release the City of Groveport, its boards and council, officers, officials, employees, volunteers and other representatives from all claims for liability or legal responsibility for any damage or loss of any kind, including personal property or death, property damage, and economic loss, arising from my participation in and/or use of the City of Groveport Recreation Center, Aquatic Center, Senior Center, Town Hall and/or any other facility, activity or program of the City of Groveport.

I further, on behalf of myself or for any named immediate family member minor participant(s) for whom I am signing, agree to protect, indemnify and hold harmless the City of Groveport and the listed persons and entities for any and all cost, liability, expense and claim arising from any act or omission committed by myself or the named participant related to the City of Groveport's facilities, activities, trips and programs other activity or program sponsored by or affiliated with the City of Groveport. I further, on behalf of myself or for any named immediate family member minor participant(s) for whom I am signing, agree to follow all facility, activity or program rules and regulations, and realize that my right to participate may be terminated by the City at any point in time for not adhering to said rules and regulations.

I do hereby grant and give these groups the right to use my photograph or image with or without my name, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity, and promotion relating hereto. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Groveport Recreation Department harmless of and from any and all liability of whatever nature which may arise out of result of such uses.

I, _____, hereby give permission for any and all medical attention necessary to be administered in the event of an accident, injury, sickness, etc. while at the Groveport Senior Center or while participating in a Groveport Senior Citizens Club program. I also assume responsibility for payment of such treatment.

I have read, fully understand and agree to the terms of the Waiver and Indemnification Agreement.

Participant Signature

Date