

**TUSCARAWAS COUNTY SENIOR CENTER
MEMBERSHIP/REGISTRATION FORM**

PLEASE PRINT LEGIBLY to ensure all correspondence arrives in a timely manner.
Please notify us of any address changes. Bulk mailings (our newsletter) are not forwarded.

Name: _____ Birthday: _____
Month/Day/Year

Social Security # _____ (last 4 digits only) Gender: Male Female

Mailing Address: _____ Phone (Home): _____

City State Zip Phone (Cell): _____

Email: _____ How would you like to receive your newsletter?
 Mail or Email

Emergency Contact:

Name: _____ Relationship: _____

Phone (home): _____ Phone (cell): _____

PLEASE CHOOSE ONE OF THE MEMBERSHIP OPTIONS

Social Membership Dues are **\$25.00** per year (Membership runs January 1 – December 31.)

V.I.P. Membership Dues are **\$55.00** per year (Membership runs January 1 – December 31)

Member Signature: _____ Date: _____

Do not write below this line. To be completed by Senior Center Staff.

New Members: Card _____ Newsletter _____ Code of Conduct Issued _____

Employee: _____

DUES PAYMENTS:

VIP FITNESS PAYMENTS:

Tuscarawas County Committee on Aging, Inc. (TCCA)
Agreement as to Conduct and Waiver of Liability

This is a release of your legal rights. Please review this document carefully and make sure you understand it before signing. If you would like a copy for your records please ask.

The following Agreement as to Conduct and Waiver of Liability shall include not only the principal location of TCCA but also its satellite centers, parking lots, and other areas.

TCCA Agreement as to Conduct

As a condition of membership, I agree to comply with all rules, regulation and policies of the TCCA regarding wellness programs, activities, events and travel as well as the use of its facilities and equipment. While on TCCA premises or participating in TCCA programs, activities and events, I shall conduct myself in a civil and reasonable manner at all times. I understand TCCS reserves the right to refuse membership (or to rescind my membership for noncompliance with TCCA policies and procedures) at its sole discretion for any reason(s) not prohibited by law.

TCCA Waiver of Liability

I desire to participate in recreational and social activities provided by or in conjunction with the TCCA including, but not limited to, travel and transportation to and from certain activities. I understand, fully appreciate, and am willing to accept the dangers, hazards and risks inherent in participation in said recreation and social activities including, but not limited to, the possibility of injury or illness, as well as property damage.

I understand and agree that TCCA is not responsible for personal property that is lost, stolen, or damaged while at the principal location of TCCA, or any facility or premises while participation in TCCA programs, activities, events, and travel.

I am not relying on Tuscarawas County Committee on Aging, Inc. or any of its employees or board members to supervise or control my participation in any recreational or social activity, or to warn me of every possible danger associated with that activity. **I understand that I am solely responsible for assessing my own skills and abilities to participate safely in any social or recreational activity associated with or sponsored by Tuscarawas County Committee on Aging, Inc.** Knowing the dangers, hazards, and risks, and in consideration for being allowed to participate in activities sponsored by or in any way associated with Tuscarawas County Committee on Aging, Inc., on behalf of myself and my family, estate, heirs, executors, administrators and assigns I hereby release Tuscarawas County Committee on Aging, Inc., their employees, board members and agents from any and all claims, suits and expenses for loss of or damage to my property and for any illness or injury to me, including my death, that may result from or occur during my participation in any recreational or social activity, whether caused by the negligence of Tuscarawas County Committee on Aging, Inc., its employees, board members, or agents, or otherwise, to the fullest extent allowable by law.

I further agree to indemnify and hold harmless Tuscarawas County Committee on Aging, Inc., its employees and agents from all liability, claims, suits, and expense that may arise out of my own negligent or intentional acts or omissions, while participating in any recreational or social activity, and I assume full responsibility for my own actions.

I HAVE CAREFULLY REVIEWED THIS "AGREEMENT AS TO CONDUCT AND WAIVER OF LIABILITY", AND HEREBY CONFIRM MY UNDERSTANDING OF ITS CONTENTS AND AGREE TO BE BOUND BY ITS TERMS AS A CONDITION OF MY PARTICIPATION IN ANY RECREATIONAL OR SOCIAL ACTIVITY SPONSORED BY OR IN ANY WAY ASSOCIATED WITH TUSCARAWAS COUNTY COMMITTEE ON AGING, INC.

Participant Signature: _____

Date: _____