



## MEMBERSHIP APPLICATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_  
Email \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Living With \_\_\_\_\_

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

### Which activities offered by the Center interest you?

Yoga _____	Painting _____	Trips _____
Tai Chi _____	Drawing _____	Bingo _____
Chair Exercise _____	Arts & Crafts _____	Bridge _____
Zumba _____	Sewing _____	Poker _____
Dancercise _____	Knitting/Crocheting _____	Games _____
Karate _____	Lectures _____	Lectures _____

Are there other classes, activities or trips you would like us to consider adding? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in our lunch program? (Please check one)

Yes \_\_\_\_\_ No \_\_\_\_\_



**PORT WASHINGTON ADULT ACTIVITIES CENTER**  
**Limit of Liability Waiver**

**CODE OF PERSONAL CONDUCT**

Port Washington Adult Activities Center, Inc operates a facility where people aged 55 and older meet to participate in social, educational and other activities in order to enhance and enrich their lives.

It is therefore, necessary to establish standards of conduct:

- Everyone has the right to expect others to act respectfully towards them and each is responsible to act respectfully towards others;
- Courtesy will be shown to all persons at all times;
- Personal problems between individuals should not be addressed at the Center;
- Discrimination towards any person for any reason will not be tolerated;
- Center employees are here to serve you. They should be treated with respect and courtesy;
- Ingesting or possessing alcohol or drugs on premises is forbidden. If suspected of drinking or coming to the Center intoxicated, the staff reserves the right to ask you to leave;
- Possessing weapons on premises is forbidden.

If any senior does not adhere to these standards of conduct, the Director of the Center will determine if any action is to be taken to prevent recurrence.

**MEDICAL RELEASE/INDEMNITY WAIVER**

In order to participate in the Center's Programs, I understand and agree that programs can be physically demanding but I have the physical ability needed to participate.

In the event that photos or video recordings are taken, I hereby give permission for the Center to use said photos or video in promotional literature, including, but not limited to, brochures, flyers and the Center's website and social media.

In the event of an emergency when the emergency contact person cannot be reached, I hereby give permission to be transported to the closest hospital. It is hereby understood and agreed that I shall assume full financial responsibility for any costs over and above that is not covered by my health insurance.



To the fullest extent permitted by law, I agree to indemnify and hold harmless the Center and its officers, directors, employees and agents from any injury or damages caused by or resulting from attendance at the Center or participation in any program offered.

A photocopy or digital copy of this waiver with my signature shall be considered as valid as the original.

**RULES AND WAIVER RELATED TO BUS TRIPS**

In that I participate in a Center sponsored bus trip, I agree to comply with all applicable bus trip rules and policies. In consideration of my participation in any such bus trip, I do hereby for myself, my heirs, and assigns, waive, release and forever discharge the Center, its officers, directors, employees, and agents, from any and all actions, damages, claims and demands whatsoever in law or in equity, which may arise by reason of injury or death, or loss or damage to property arising out of or connected with my participation in any Center-sponsored bus trips.

**TRIP REFUND POLICY:** I understand that trip refunds will not be given with less than two (2) business days' notice.

**I HAVE READ THE RELEASES AND WAIVERS SET FORTH HEREIN AND UNDERSTAND THAT, THROUGH THIS AGREEMENT, I AM GIVING UP SUBSTANCIAL LEGAL RIGHTS. I HAVE NOT BEEN INDUCED TO SIGN THIS AGREEMENT BY ANY PROMISE OR REPRESENTATION, AND SIGNED IT VOLUNTARILY AND OF MY OWN FREE WILL.**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_



**PHOTO RELEASE**

I, \_\_\_\_\_ hereby grant the Port Washington Adult Activities Center permission to use my likeness in one or more photographs in any and all of its publications, including but not limited to all of the Center's printed and digital publications, website, social media and otherwise. I understand and agree that any photograph using my likeness will become property of the Port Washington Adult Activities Center and will not be returned.

I acknowledged that since my participation with the Adult Activities Center is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize the Port Washington Adult Activities Center to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Center's programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising out of, or related to, the use of the photograph.

I hereby hold harmless and release and forever discharge the Port Washington Adult Activities Center from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am at least 18 years of age and competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_.