



TAYLORED WITH TIME SENIOR CITIZEN GROUP

JULY 1, 2014 – JUNE 30, 2015

MEMBERSHIP INFORMATION

Name	
Street Address	
City, ST, ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
	<input type="checkbox"/> Male <input type="checkbox"/> Female

EMERGENCY CONTACT

Name	
Street Address	
City, ST, ZIP Code	
Telephone Number	
Relationship	

MEMBERSHIP FEES (PLEASE CHECK ONE)

Full Membership \$20.00 Annually

Associate Membership \$25.00 Annually

Residents age 50 or older

Sponsored Non-Residents age 50 or older

Associate Members – Please print the name of the full member sponsoring you: _____

Associate Members - Sponsor's Signature: _____

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that may be of interest to the general membership.

--

RELEASE OF LIABILITY

In consideration of participation in activities organized, promoted, or sponsored by the City of Taylor Mill, the undersigned hereby releases, acquits, and forever discharges the City of Taylor Mill and all of the elected officials, officers, agents, volunteers, independent contractors, employees, instructors, successors and assigns thereof, from each, every, any and all obligations and liabilities of the City jointly and severally, to the undersigned, his or her executors, administrators, heirs, successors and assigns for each, every, any and all personal injuries, property damage, costs, expenses, losses, compensation and all other damages of every kind and nature, and all claims of third parties for indemnification and/or contribution, which may accrue to the undersigned, his or her executors, administrators, heirs, successors and assigns, through any act, omission event or occurrence which is any way related to the participation of the undersigned in any activities organized, promoted or sponsored by the City on or off the City of Taylor Mill premises.

I understand that accidents and injuries can arise from participation in a class, trip or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me (or to my heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my heirs and assigns.

I have read and agree to the registration and program rules and regulations. Further, I agree to allow use of my image which may be captured through video, photo, digital camera, or other media, for City of Taylor Mill promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Name (printed)	
Signature	
Date	

OFFICIAL USE ONLY

Payment Information: Cash Check – Check Number _____

Amount Paid: \$ _____ Approved Membership Status: Full Associate

Date: _____