

2019 Membership Application and Waiver
Scenic Hills Senior Center—Logan Ohio 43138



****SPECIAL RATE: \$5.00 Single \$10.00 Couple** January—December 2019 (not prorated)

Please Make Check Payable to: **Scenic Hills Senior Center**

Please mail Check and Application to: 187 S. Spring St., Logan OH 43138

This year's membership is only \$5.00 per person. Any extra monies you wish to donate this year would be receipted in as a donation gift and greatly appreciated.

Member Information

To receive a "US Mailed" newsletter an additional \$6.00 is required.

Check One: New Member _____ Renewal _____ Requesting Newsletter Mailed: _____

Today's Date: _____

NAME(s): _____ SPOUSE (if applying) _____

STREET: _____ PHONE: _____

CITY: _____ STATE _____ ZIPCODE _____

BIRTHDAY (Month & Day): _____ SPOUSE BIRTHDAY: _____

EMERGENCY CONTACT	
Name:	Relationship:
Home:	Cell:

Do Not Fill Below Line—Office Use Only.

Membership \$5.00 per person Newsletter Mailed \$6.00 Total Amount: _____

Date Paid: _____ Amount Paid: : _____ Computer: _____



Please turn page over to sign the Waiver & Release of Liability for SHSC Activities.

**WAIVER AND RELEASE OF LIABILITY
FOR SCENIC HILLS SENIOR CENTER ACTIVITIES**

In consideration of the risk of injury while participating in activities and consideration for the right to participate in activities, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activities, and do hereby release and forever discharge SHSC , their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activities.

I am voluntarily participating in the aforementioned activities I am participating in the Activities entirely at my own risk. I am aware of the risks associated with traveling to and from as well as participating in any Activity, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death.

I agree to indemnify and hold harmless SHSC against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by my or anyone on my behalf, including attorney’s fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf.

I acknowledge that SHSC and their directors, officer, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of SHSC.

I acknowledge that this activity may involve a test of a person’s physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I acknowledge that I have carefully read this “waiver and release” and fully understand that it is a release of liability. I expressly agree to release and discharge SHSC and all of its affiliates, managers, member, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against SHSC for personal injury.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of SHSC, its agents, and employees, and county.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

IF INCLUDING SPOUSE PLEASE HAVE BOTH SIGNATURES.

Member(s) Signature: _____

Spouse Signature_____

Date: _____