

# McMinn Senior Activity Center

# 2025 Membership Registration Form

## Member Information: *(please print)*

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell

*The McMinn Senior Activity Center may contact me (via text, email, phone) with updates about the MSAC. The Center does not share or sell your personal information with anyone.*  Yes  No

## 2<sup>nd</sup> Emergency Contact (This portion **MUST** be completed with a 2<sup>nd</sup> emergency contact).

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Please list any medical/physical conditions/allergies the staff should be aware of in case of a medical emergency. (The MSAC will not share this information with anyone unless it is a medical emergency.)*

### **Media Release**

In initialing, I agree to be photographed, videotaped, and/or recorded while participating at the McMinn Senior Activity Center for promotional and marketing activities.

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

### **Membership**

Paid membership is not required to participate (in most of) the activities at the McMinn Senior Activity Center for those aged 50 and up. However, your contribution helps the MSAC to continue the Center's 50-year legacy of helping McMinn Countians age successfully.

Individual \$35  Couple \$65 Spouse Name: \_\_\_\_\_

### **Friends of the Center**

Yes, I want to contribute as a *Friend of the Center* to help senior citizens in McMinn County. (Tax deductible)

\$25-\$99  \$100-\$499  \$500-\$999  \$1,000+ \_\_\_\_\_

**I was encouraged to join the McMinn Senior Activity Center by:** \_\_\_\_\_

### **Disclaimer and Waiver of Reasonable Accommodations and Liability**

The McMinn Senior Activity Center (MSAC) does not provide respite adult day care or services normally provided by a trained attendant, nurse or professional caregiver. \*I understand that my participation at the MSAC without a caregiver may be reevaluated if a need is shown that the MSAC can no longer accommodate my needs/abilities. I, the undersigned, understand that participation in the McMinn Senior Activity Center on-site or off-site activities, programs, or services could result in severe injuries or death, and I assume all such risks. I hereby for myself, my heirs, executors, and administrators, waive and release all rights and claims for losses and damages I may have against the MSAC and its representatives, successors and assigns for all injuries suffered by me because of my use of these facilities. I also agree to hold the MSAC harmless from and against all liability of damage to my property while engaged in MSAC activities, programs, and services on-site and off-site.

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

For office use only:

Part Date: \_\_\_\_\_ \$ \_\_\_\_\_  Cash  Credit Card  Check Check # \_\_\_\_\_  
 MB MySeniorCenter Card #: \_\_\_\_\_ Receipt # \_\_\_\_\_

\*Americans with Disabilities Act (ADA) 28 C.F.R. 35 150(a)(3) A senior center is not required to make a modification that would result in a "fundamental alteration in the nature of the service, program, or activity or in undue financial and administrative burdens."

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