

2024
MEMBERSHIP
APPLICATION &
WAIVER



DUES: \$5 per calendar year (not pro-rated)

Newsletter mailed is an additional \$15 per year

Please make check payable to **Scenic Hills Senior Center**

Mail to **187 S. Spring Street, Logan OH 43138**

Date _____ U.S Veteran _____ Branch Military _____

PLEASE WRITE LEGIBLY

Name _____ Spouse _____

Address _____ Phone _____

City _____ State _____ Zip _____

DOB (mm/dd/yyyy) _____ DOB (mm/dd/yyyy) _____

EMERGENCY CONTACT	
Name:	Relationship:
Home:	Cell:

PHOTO RELEASE ONLY: *Permission to use photographs:* I grant Scenic Hills Senior Center (representatives or employees) my permission to take photographs of me participating in Scenic Hills Senior Center activities for use and publish, in print or electronically, with or without my name. I understand that any photos taken of me are for the sole purpose in promoting activities & events at Scenic Hills Senior Center. I have read and understand the above.

Signature:

Date:

X

x

FOB # _____

Membership \$5.00 per person Newsletter Mailed \$15.00 Extra Total Amount: _____

**PLEASE TURN PAGE OVER TO SIGN THE WAIVER & RELEASE OF LIABILITY FOR
SCENIC HILLS SENIOR CENTER AND EDUCATIONAL AND WELLNESS CENTER ACTIVITIES**

**WAIVER AND RELEASE OF LIABILITY
FOR SCENIC HILLS SENIOR CENTER AND
EDUCATIONAL & WELLNESS 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 Signature: _____

Spouse Signature _____

Date: _____