

## Highland Area Senior Center Renewal Membership Application– 2024 Calendar Year

First Name	Last Name	Date of Birth	Gender (M/F)

**Household Information:**

City Resident (\$10 Annual Charge)                       Non-Resident (\$20 Annual Charge)

New Membership Card (\$5 each)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Township \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_


**In Case of Emergency:**

*It is important that we have a local contact (family member or friend) in case there is an emergency.*

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

WAIVER AND RELEASE OF LIABILITY: I understand that the activities and services offered by the Highland Area Senior Center (HASC) may have an element of hazard or inherent danger, and further may be an extreme test of a person’s physical and mental abilities. I further understand that my participation in the activities and services can cause serious injury, potential death, and property damage. With a full understanding of the potential risks, I hereby assume the risks of participating in the activities and services offered by the HASC. On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby waive, release, and discharge the HASC, its officers, directors, employees, and volunteers from any and all claims, liabilities, losses, costs, or expenses, for death, personal injury, or damages of any kind that I may incur while participating in or traveling to and from HASC activities and services, whether such losses, damages or injuries are a result of negligence of HASC, its officers, directors, employees, or volunteers except for loss, damage, or injury which is the result of gross negligence and/or wanton misconduct of HASC, its officers, directors, employees, or volunteers. I agree to indemnify and hold harmless HASC, its officers, directors, employees, and volunteers from any claims made or liabilities assessed against them as a result of my actions or any action taken by another on my behalf. In consideration of the rights and privileges granted to me by my involvement with the HASC I certify that I have read and understand the above Waiver and Release of Liability and I understand that I have given up substantial rights by signing this document, and hereby acknowledge that I am signing voluntarily. I also understand and agree that my photograph may be taken while participating in HASC activities and services, and such photograph may be used in publications and for promotional purposes and I will not be compensated for the use of my photograph.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<p>For office use only:</p> <p>Residency verified _____ Staff initials _____ Date Filed _____</p>	
---	---

I \_\_\_\_\_ verify that I have received my Highland Area Senior  
Center (HASC) membership card. By signing below I agree to the following:  
(print)

I understand that this card is strictly for use of the HASC during the hours of 9am-5pm on Monday-Friday, and agree that I will not stay in the facility outside of these hours. Failure to comply with this may result in suspension or termination of my membership.

**\*I have read and understand this policy. Initials: \_\_\_\_\_**

I understand that this card will be needed to gain access to the HASC, and I must scan my membership card each time I enter the facility and I will not let other people into the facility. Failure to comply with this may result in suspension or termination of my membership.

**\*I have read and understand this policy. Initials: \_\_\_\_\_**

This card will carry over each year. I understand that if this card is lost and needs replaced at any point in the future that there will be a \$5 fee to pay for the price of the replacement card.

**\*I have read and understand this policy. Initials: \_\_\_\_\_**

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

