



Silverton Senior Center Application

115 Westfield Street, Silverton OR 97381 503-873-3093 www.silvertonseniorcenter.org

Welcome to the Silverton Senior Center!

Please complete the information below, then **read and sign the reverse side.**

Name				Regular member	\$48
Email				Veteran	\$24
Phone		Birth year		<i>If veteran, what branch:</i>	
Mailing address				Zip	

If enrolling another person, e.g. spouse, please complete below.

Name				Regular member	\$48
Email address				Veteran	\$24
Phone	<i>If different</i>	Birth year		<i>If veteran, what branch:</i>	
Mailing address	<i>If different</i>			Zip	<i>If different</i>

TOTAL DUE	\$

In case of emergency, please contact:	
Name	Phone #
Relationship	City

Read and sign other side

OFFICE USE ONLY	Total received	Payment method (mark one)			Received by
<i>Date received</i>	\$	<i>Cash</i>	<i>Check #</i>	<i>Debit/credit (PayPal)</i>	
<i>ID#</i>	<i>In LGL</i>				

Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering for and/or participating in programs sponsored by the Silverton Senior Center, **you will be waiving your rights to all claims for injuries** you might sustain arising out of participation and you will be required to **indemnify, hold harmless and defend** the Silverton Senior Center for any claims arising out of participation in Senior Center activities.

Risk of Injury

“As a participant in Silverton Senior Center activities, I recognize and acknowledge there are certain risks of physical injury, including but not limited to death, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities of the Silverton Senior Center.”

Waiver of Injury Claims

“I agree to waive and relinquish any and all claims I may have arising out of, connected with or in any way associated with the activities of the Silverton Senior Center.”

Release of Liability

“I do hereby fully release and discharge the Silverton Senior Center, its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I may have, or which may occur on account of participation in Silverton Senior Center activities.”

Indemnity and Defense

“I further agree to indemnify, hold harmless and defend the Silverton Senior Center and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the Silverton Senior Center.”

“In the event of any emergency, I authorize the Silverton Senior Center to secure from any licensed hospital, physician and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered to me.”

“I have read and fully understand and agree to the above stated conditions of membership to the Silverton Senior Center.”

Signed **X** _____ Date _____

If second person enrolled with this application:

Signed **X** _____ Date _____