

Senior Center Membership Application			
Name:		Date of Birth:	
Address:		City:	Zip:
Home Phone:		Cell Phone:	
Check One: Male Female		Email Address:	
Do you live alone?	Yes No	Do You Drive?	Yes No
Are you a veteran?	Yes No		
Hobbies/Interests:			
Emergency Contact Information: (Please List 2)			
Emergency Contact Name:		Relationship:	
Phone Number:		Alternate Phone:	
Emergency Contact Name:		Relationship:	
Phone Number:		Alternate Phone:	
Medical Information: (Please check all that apply)			
Hearing Aid?	Yes No	Glasses?	Yes No
Dentures?	Yes No	Walker/ Cane?	Yes No
Cataracts?		Yes No	
Wheelchair?		Yes No	
Primary Doctor:		Phone:	
Address:			
Medical Conditions			
1.)	2.)	3.)	4.)
5.)	6.)	7.)	8.)
List all medications			
1.)	2.)	3.)	4.)
5.)	6.)	7.)	8.)
Allergies			
1.)	2.)	3.)	4.)
5.)	6.)	7.)	8.)



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 Middle Georgia Community Action Agency, Inc. and the

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 Middle Georgia Community Action Agency, Inc. for any claims arising out of participation in Senior Center activities.

Risk of Injury: As a participant in Senior Center activities, I recognize and acknowledge that 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 associated with participation.

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 Senior Center.

Release from Liability: I do hereby fully release and discharge Middle Georgia Community Action Agency, Inc. and 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 Senior Center activities.

Indemnity and Defense: I further agree to indemnify, hold harmless and defend Middle Georgia Community Action Agency, Inc. 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 Senior Center.

I have read fully and understand and agree to the above-stated conditions of _____ Senior Center membership.

In the event of any emergency, I authorize Middle Georgia Community Action Agency, Inc. 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 _____ Senior Center.

Client Signature:	Date:
FOR OFFICE USE ONLY:	
Date Joined:	
Amount Paid:	
Payment Processed by:	
Staff Signature:	Date: