**Welcome to the**

**James B. Adams, Sr., Senior Citizens Center**

**MEMBERSHIP APPLICATION AND AGREEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Address |  |
| City |  | State |  | Zip Code |  |
| Phone Number(s) | ( ) |  | ( ) |
| E-Mail Address |  |
| **EMERGENCY CONTACT INFORMATION** |
| Name |  | Relationship |  |
| Phone Number(s) | ( ) |  | ( ) |
| E-Mail Address |  |
| **MEDICAL INFORMATION**Any medical information that may be helpful in the event of an emergency: (i.e. medications, heart problem, diabetes, allergies, food sensitivities): |
|  |
|  |
|  |
| **RELEASE:** As part of my membership, I recognize that programs involving physical activity have inherent risks of injury and/or damage and I assume any and all such risks, as well as the responsibility to be fully aware of the inherent risks associated with any program for which I register, before I begin participation. BLEC and its employees and volunteers will not be liable for injury or damage that occurs as a result of such risks and I waive and release the BLEC and its employees and volunteers from any such liability. I also grant full permission to the BLEC to use my name, photograph, videotape or recording for any publicity promotion purposes without obligation or liability. |
| Signature |  | Date |  |