



OFFICE STAFF ONLY

Keycard Number: _____ Payment Type: _____ MySeniorCenter Constant Contact

KEENE SENIOR CENTER/CHESHIRE VILLAGE COUPLES APPLICATION

KSC Member type: Individual (\$75) _____ Couple (\$125) _____ Discount (\$50) _____ Volunteer _____ Scholarship _____

CVAH member: Deposit \$200 _____ Balance Due \$ _____ Balance pd _____ Trial member only

PERSONAL INFORMATION – PERSON 1

PERSONAL INFORMATION – PERSON 2

First Name: _____	M.I. _____	First Name: _____	M.I. _____
Last Name: _____	DOB: _____	Last Name: _____	DOB: _____
Nickname: _____	Gender: _____	Nickname: _____	Gender: _____
Home Phone: _____		Home Phone: _____	
Cell Phone: _____		Cell Phone: _____	
Email: _____		Email: _____	
If you have served in the military, please list your branch of service: _____		If you have served in the military, please list your branch of service: _____	
Most recent employer: _____		Most recent employer: _____	

JOINT INFORMATION

Street Address: _____ P.O. Box: _____
City: _____ State: _____ Zip: _____
How did you hear about us? Friend Keene Sentinel Shopper Radio Event Other (please explain): _____

What is your reason for joining? _____

We use member photos in our materials. May we use your name & picture? <input type="radio"/> Yes <input type="radio"/> No	Would you like to be added to our email list for updates? <input type="radio"/> Yes <input type="radio"/> No (you can unsubscribe at any time)
	Would you like to receive our newsletter via email or mail? <input type="radio"/> Email <input type="radio"/> Mail

Nearly all of our programs are volunteer led. Do you have any skill(s) that you wish to share? _____

EMERGENCY CONTACT INFORMATION

Local Emergency Contact Name: _____	Phone: _____	Relationship: _____
Alternative emergency contact: _____	Phone: _____	Relationship: _____

Please list any medications that must be administered in case of an emergency: _____

CHESHIRE VILLAGE AT HOME ADDITIONAL INFORMATION

Retired? _____	Living status: _____	# Pets: _____
Yes _____	Alone _____ With caregiver _____	Dog _____ Cats _____
No _____	With spouse/family/other _____	Other _____

Please see reverse side for release, waiver, and signature



KEENE SENIOR CENTER/CHESHIRE VILLAGE AT HOME APPLICATION

WAIVER: *I declare that I have voluntarily enrolled for a membership to the Keene Senior Center. I assume full responsibility during all Center activities I choose to pursue including using the Fitness Room. I understand there may be risks involved, but I willfully accept those risks. In consideration of being allowed to participate in programs at any away from the Center. I do hereby waive, release, and discharge Keene Senior Center, Inc. and all of their officers, agents, employees, representatives, executors, and all others from any and all responsibility or liability for any loss, damage, or injury, to myself or my property, from my participation in various programs.*

RELEASE AND WAIVER OF CLAIMS: *I am requesting permission to participate in any exercise program, including using exercise equipment in the Keene Senior Center (the Center) Fitness Facilities. I acknowledge and understand that I am not required to participate in an exercise program.*

I recognize that although fitness programs may have certain benefits, there also exists the possibility that I could sustain a serious, permanent injury, or injury resulting in death, as a result of my own negligence or the negligence of others. Understanding both the potential benefits and risks involved, I voluntarily sign this Release and Waiver of Claims. I represent that I am not aware of any physical or medical conditions which would prevent me from participating in an exercise program. If I do become aware of any physical or medical condition which would prevent me from using the Fitness Facilities or the exercise equipment contained in those Facilities, I agree to terminate my participation. I understand and acknowledge that the Center has no expertise in diagnosing, examining, or treating any medical condition, whether existing or incurred as a result of my participation in the Center's program. I understand that I am responsible for monitoring my own condition at all times. If, during exercise, unusual symptoms occur, I will cease my participation. If indicated, the Center's staff will contact Emergency Medical Services (911), and I give my permission to do so.

Other than representation and warranties contained in the Release and Waiver of Claims, no other representation and warranties have been made to me. Likewise, no oral understandings, statements, promises, or inducements contrary to the terms of this release exist.

BY SIGNING THIS RELEASE, I AM AGREEING TO INDEMNIFY AND HOLD HARMLESS THE KEENE SENIOR CITIZENS CENTER, ITS BOARD OF DIRECTORS, REPRESENTATIVES, EMPLOYEES, AND VOLUNTEERS FROM AND AGAINST ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION OF EVERY KIND AN CHARACTER, WITHOUT LIMIT, AND WITHOUT REGARD TO CAUSE OR CAUSES THEREOF OR THE NEGLIGENCE OF ANY PARTY OR PARTIES, WHICH ARISE IN CONNECTION WITH MY PARTICIPATION IN THE CENTER'S USE OF FITNESS FACILITIES OR EXERCISE EQUIPMENT CONTAINED IN THOSE FACILITIES. IT IS MY INTENTION THAT THIS RELEASE BE BINDING ON MY REPRESENTATIVES, HEIRS, ESTATE, AND ASSIGNS.

Signature of Person 1:	Date:
Signature of Person 2:	Date:

