



OFFICE STAFF ONLY			
Keycard Number:	Payment Type:	<input type="checkbox"/> MySeniorCenter	<input type="checkbox"/> 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? <input type="radio"/> Friend <input type="radio"/> Keene Sentinel <input type="radio"/> Shopper <input type="radio"/> Radio <input type="radio"/> Event <input type="radio"/> 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? Yes _____ No _____	Living status: Alone _____ With caregiver _____ With spouse/family/other _____	# Pets: Dog _____ Cats _____ Other _____
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***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:

