

Moose Jaw & District Senior Citizens Association Inc.

Annual Membership Form

Date: _____

Year: 2024 Membership Number: _____ Enhanced: Yes No

Name: _____
Last Name First Name

Address: _____ Date of Birth: ____/____/____
MM / DD / YYYY

Postal Code: _____ Phone Number: _____

Email Address: _____

Next of Kin: _____ Relationship: _____

Contact Phone Number: _____

Name of Doctor: _____

Any Medical conditions that we should be aware of :
(Example: Heart, Diabetes, Etc....)

We do many fundraising projects and it requires volunteers. If you wish to be a volunteer Or on a Committee with our organization, please check which ones.

- Front Desk
- Kitchen Helper
- Military Whist
- Functions
- Maintenance
- Fundraising Committee
- Aesthetics Committee
- Marketing Committee
- Programs Committee
- Other: _____

ACTIVITY WAIVER & RELEASE

MOOSE JAW AND DISTRICT SENIOR CITIZENS ASSOCIATION

(hereinafter called the "Association")

THIS ACTIVITY WAIVER & RELEASE (this "Agreement") dated this _____ day of _____, _____.

BETWEEN:

(the Participant)

AND

**Moose Jaw And District Senior Citizens Association of #101 – 510 Main Street
N, Moose Jaw, SK, S6H 3K3**
(the "Activity Provider")

WHEREAS the Association provides facilities and programs, including but not limited to: pickleball, floor shuffleboard, walking track, exercise equipment.

NOW, THEREFORE I, _____ fully accept the risks of using the facilities provided by the Association and agree to waive any claims for any injuries received or any other civil liability against the Association, its agents, directors or employees.

(SIGNATURE)

(WITNESS)