



MEMBERSHIP APPLICATION, RELEASE AND WAIVER

Last Name: _____ First Name: _____

Street: _____ City: _____ Zip: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact:

Name: _____ Home: _____ Cell: _____

Interests/Hobbies: _____

Would you be interested in volunteering at the Senior Center? _____ Yes _____ No

In consideration of being permitted to participate in the services and/or programs of the Walter and Audrey Deardoff Senior Citizen Center, located at 605 South River Street, Franklin, Ohio 45005, and utilizing the property owned by the Trustees of the Walter and Audrey Deardoff Memorial Trust, including, but not limited to the facilities, premises, and/or exercise equipment, I hereby individually and for my children, children under legal guardianship or custody, personal representatives, agents, assigns, heirs, and next of kin hereby release, waive, and discharge the Trustees of the Walter and Audrey Deardoff Memorial Trust, Walter and Audrey Deardoff Senior Citizen Center, its employees, staff, and volunteers from any and all liability, claims, demands, and causes of action for any and all loss or damage of any nature whatsoever, and any claims or demands therefore on account of injury to the person or property or death of the person, whether caused by the negligence, acts, omissions, or other conduct of the persons or organization listed above while attending the Walter and Audrey Deardoff Senior Citizen Center and/or participating in any activities or programs whatsoever.

I further agree that participating in any of the services and/or programs of the Walter and Audrey Deardoff Senior Citizen Center, and/or utilizing any property owned by the Trustees of the Walter and Audrey Deardoff Memorial Trust is at my own risk.

(Printed Name)

(Signature)

60 years and older: \$20 per year for the City of Franklin, Franklin Township and Village of Carlisle
 \$40 per year for all surrounding areas

50-59 years old: \$30 per year for the City of Franklin, Franklin Township and Village of Carlisle
 \$50 per year for all surrounding areas

Mail or drop off completed application to Director along with dues (cash, check or money order –credit cards accepted through our website www.deardoffseniorcenter.org)