



Membership Registration and Waiver Form 2025

Date: _____ Circle One: New Member / Returning Member

| Registrant Information: (Please Fill out the Blanks and Print Clearly) | | | |
|--|--|---------------------------------|--|
| First Name: | | Last Name: | |
| Date of Birth (MM/DD/YYYY) | | | |
| Home Phone # | | Cell Phone # | |
| Email Address: | | | |
| Street: | | | |
| City: | | Province: | |
| Postal Code: | | | |
| Emergency Contact Name: | | | |
| Emergency Contact Phone: | | Emergency Contact Relationship: | |

Waiver: I agree to waive any and all claims against Askennonia Senior Centre (its board of directors, officers, administrators, employees, volunteers, successors and assigns) and to release, indemnify and hold harmless the Releasees from any and all liability for any loss, damage, expense or injury (including but not limited to, property damage or loss, death, physical and mental injury, disability, disease, virus, infection or any form of infectious/contagious/communicable disease) that I may suffer arising from, or in relation to, my attendance due to or arising from negligence, breach of contract, breach of any statutory duty or other duty of care, including any duty of care owned under the *Occupiers Liability Act* on the part of the Releasees or failure to protect me from the inherent or latent dangers of attending at this or any programs. I accept responsibility for checking with my physician prior to participation in programs and events and will ever exceed a comfortable pace.

Picture Consent: Many pictures are taken at special events and during programs.

I hereby authorize any pictures taken of me while participating in activities to be used to promote Askennonia Senior Centre. If I don't want to be included in the pictures, I will advise photographer during picture-taking and remove myself from the picture.

Email Address: By providing my email address, I am permitting Askennonia to add me to a weekly email update promoting events and programs at Askennonia and in the community. I understand that I can unsubscribe at any time.

Voluntary Information & Release

By signing here, I consent to the above:

X

| Below is for Administrative Use ONLY! | |
|---------------------------------------|--|
| Circle One: Cash / Debit / Cheque | Amount: \$55 Other Prorated Amount: |
| Key Card # | |
| Date of Input: | Intake Initials: |



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