



**Fairport Harbor Senior Citizens Center**  
**Membership Form for the Year 2022**  
 Membership Dues: Resident/Non-Resident - \$12.00

New Member  
 Renewal

### Personal Information

Name:

(First)

(M.)

(Last)

Address:

City, State, Zip:

Telephone:

Cell Phone:

Birthday Date:

Anniversary Date:

Email Address:

Spouse/Partner:

### Emergency Contact

Name:

Relationship:

Address:

City, State, Zip:

Telephone:

Cell Phone:

### Dues Payment

Check No. & Amount:

Cash Amount: \$

Your Interests:

Any Special Needs:

### Participation Waiver and Agreement

Please read and sign

1. I, \_\_\_\_\_, a participant in activities, programs, and trips sponsored by Fairport Senior Center, do hereby acknowledge that I am voluntarily participating. I recognize that in any activity program or trip, there are certain risks of injury to myself. I declare that my health and physical condition is adequate to meet the physical requirements of activities, programs, and trips in which I participate.
2. I agree to hold the Fairport Senior Center, their respective agents, representatives, instructors, volunteers, and participating companies and agencies harmless and indemnify them from any and all claims for damages to persons and property caused by myself or for any and all injuries sustained by me during my activities, programs and trips.
3. I agree to obey and abide by the rules and regulations of the Fairport Senior Center and to follow said instructions of same.
4. I further acknowledge the I am becoming a registered member of the Fairport Senior Center in reliance upon this waiver of liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For office use only:*  D/B  Label  
 Ann  BD  Address

## Waiver/Release for Communicable Diseases Including COVID-19

### ASSUMPTION OF RISK/WAIVER OF LIABILITY/INDEMNIFICATION AGREEMENT

In consideration of membership in **THE FAIRPORT HARBOR SENIOR CITIZENS CENTER**, including all related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases, including but not limited to MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce the risk of contracting any of the foregoing diseases, the risk of serious illness and death does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation with regard to protection against such infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and
4. For myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **THE FAIRPORT HARBOR SENIOR CITIZENS CENTER**, together with any other officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct and event ("RELEASEES"), with respect to any and all illness, disability, death or loss or damage to person or property, whether arising from the negligence of RELEASEES or otherwise, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant \_\_\_\_\_

Signature of Participant X \_\_\_\_\_

Date Signed: \_\_\_\_\_