**MANITOWOC SENIOR CENTER MEMBERSHIP APPLICATION**

**Membership Type**
City Resident  □ Annual—$25  □ Lifetime—$100
Non-Resident  □ Annual—$35  □ Lifetime—$130

*Membership is nonrefundable.*
*Annual memberships run for one calendar year.

**APPLICANT #1:**
First Name: ___________________________ Last Name: ___________________________
Address: ____________________________________________

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Phone: ___________________________ Alt. Phone: ___________________________
Email: ___________________________ Date of Birth: ___________________________

*Signature: __________________ Date: __________________

**APPLICANT #2:** * Must reside at same address above.
First Name: ___________________________ Last Name: ___________________________
Email: ___________________________ Date of Birth: ___________________________
Phone: ___________________________ Alt. Phone: ___________________________

*Signature: __________________ Date: __________________

**EMERGENCY CONTACT:**
1. Name: ___________________________ Relationship: ___________________________
   Phone: ___________________________ Alt. Phone: ___________________________

2. Name: ___________________________ Relationship: ___________________________
   Phone: ___________________________ Alt. Phone: ___________________________

**VOLUNTEER OPPORTUNITIES:** *Thank you for your interest in volunteering. Please indicate your interest by checking the appropriate boxes. You will be added to our volunteer interest list.*

- □ Library
- □ Bingo (calling bingo, setup)
- □ Office Reception (am / pm)
- □ Flyer/Poster Distribution
- □ Holiday Fair/Treasure Sale
- □ Advertising/Posting Posters at area businesses
- □ News Notes Distribution
- □ Party Committee
- □ Decorate (seasonal / holidays)
- □ Gift Shoppe Attendant
- □ Book/Puzzle Sales
- □ Setup/Takedown for events
- □ Bake for bake sales
- □ Prepare, Cook, Serve Food for Parties
- □ Birthday / Reassurance Phone Calls
- □ Meals on Wheels
- □ Raffle Basket Assembly/Organization
- □ I would consider volunteering to teaching a class or leading group in: ___________________________
- □ What would you like to see offered at the Senior Center? ___________________________

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First Name: ___________________________ Last Name: ___________________________
Email: ___________________________ Date of Birth: ___________________________
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- □ I would consider volunteering to teaching a class or leading group in: ___________________________
- □ What would you like to see offered at the Senior Center? ___________________________
News Notes: Would you like the newsletter emailed to you? □Yes  □No

Photo Release: Permission is granted for my photograph to be used for publicity purposes. I understand that this may include all printed media such as, but not limited to, flyers, pamphlets, and digital media such as, but not limited to, the City of Manitowoc Website and Manitowoc Senior Center Facebook page.

Signature:__________________________________________               Date:______________
Signature (Applicant 2):__________________________________________               Date:______________

Recreation Activity Waiver: This waiver of liability pertains to all programs/classes/trips and facilities registered/rented through the City of Manitowoc.

I hereby understand and acknowledge that each program, membership or rental I have registered for presents an inherent risk of injury. I, the undersigned, in full recognition and appreciation of any dangers and hazards inherent in the activities to which I, or my child, will be exposed as a volunteer for the City of Manitowoc, do hereby voluntarily agree to assume all of the risk and responsibilities surrounding my, or my child’s participation, and further, I do for myself, my child, my heirs, and personal representative(s) hereby agree to defend, hold harmless, indemnify, release and forever discharge the City of Manitowoc, its affiliated, officers, officials, departments, committees, employees, agents, representatives, successors, assigns and volunteers from and against any and all claims, demands, actions or causes of actions of any sort on account of my or my child’s participation, including but not limited to damage to personal property, personal injury, or death which may result. I further understand that any costs incurred for medical treatment or illness or injury resulting from participation shall be my sole responsibility.

I, the undersigned, agree and intent that this release, Waiver of Liability, Assumption of Risk and indemnification Agreement extends to all acts or otherwise and is intended to be as broad and inclusive as is permitted by the laws of the State of Wisconsin in which the activities are being conducted and that if any portion thereof is held to be invalid, it is agreed that the balance, notwithstanding, shall continue in full legal force and effect.

I HAVE READ THIS RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT, AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND INTEND BY MY SIGNATURE(S) TO BE A COMPLETE AND UNCONDITIONAL RELEASE TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature:__________________________________________               Date:______________
Signature (Applicant 2):__________________________________________               Date:______________

Thank you for your interest and membership in our Senior Center. We’re glad you’re here.
Manitowoc Senior Center | 3330 Custer Street, Manitowoc, WI 54220 | 920-686-3060
www.manitowoc.org/seniorcenter | www.facebook.com/manitowocseniorcenter