

# Lincoln Senior Center

## Membership Application

**Date:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Marital Status:** (please check)

**Married** \_\_\_ **Single** \_\_\_ **Widowed** \_\_\_ **Separated** \_\_\_ **Divorced** \_\_\_

**Race:** **White** \_\_\_ **Black/African American** \_\_\_ **Hispanic** \_\_\_ **Asian** \_\_\_

**Alaskan Native/American Indian** \_\_\_ **Native Hawaiian/Pacific Islander** \_\_\_

**Head of Household?** Yes \_\_\_ No \_\_\_ **Do you live alone?** Yes \_\_\_ No \_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

### Membership Fees Due at Time of Registration:

**Lincoln Residents: \$10 per year**

**All Others: \$15 per year**

**Privacy Statement Act:** The Town of Lincoln Senior Center will use the information provided on this form for registration, safety, and qualification purposes. By signing this form, I understand that this information will be kept on file only for use by the Senior Center Staff.

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LINCOLN SENIOR CENTER**  
**EXERCISE PARTICIPANT WAIVER AND RELEASE FORM**

Because physical exercise can be strenuous and subject to risk of serious injury, we urge you to obtain a physical examination from a doctor before participating in any exercise activity.

By signing this form you agree that participation in exercise activities at Senior Services, Inc. is entirely at your own risk. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury, illness or death.

You acknowledge that you have carefully read this “waiver and release” and full understand that it is a release of liability. You expressly agree to release and discharge the instructor and sponsoring agency from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring legal action against the instructor and Senior Services, Inc. for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Printed Name: \_\_\_\_\_

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

Witness: \_\_\_\_\_

Dated: \_\_\_\_\_

