



400 Boardman Ave, Traverse City MI, 49684 (231) 922-4911

Membership Form

Contact Information:

Complete both sides of this form. Print clearly. Information will be kept confidential.

Name: _____ Nickname: _____

Preferred Phone: _____ Date of Birth: _____

Email: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip code : _____ Township: _____

Personal Information (Optional)

Marital Status: Married Single/Widowed I Live Alone Gender: M F

Ethnicity: White Hispanic Native American African American Asian Other

Notifications

Would you like to receive our monthly newsletter by: _____ Mail _____ E-mail _____ Both

Would you like notifications by: _____ Text _____ Email _____ Robo call

Emergency Contact Information:

Name: _____ Relationship: _____

Primary Phone: () Secondary Phone: ()

I am requesting a scholarship for class/activity fee (s) to be waived on my behalf.

Military Service

Veteran: No Yes: Army Navy Air Force Marines Coast Guard

First Name: _____

Last Name: _____

Waiver of Liability: Please review, sign, and date.

I, _____, in consideration of the valuable programs offered to me as a member of the Grand Traverse County Senior Center Network (hereinafter "Senior Center"), agree to all of the following terms and conditions of membership:

(1) ACKNOWLEDGEMENT AND ACCEPTANCE OF RISKS AND RESPONSIBILITIES

I understand that participating in any program that involves physical activity or travel, including but not limited to sports, athletic, exercise, wellness, health, entertainment, social, or travel programs, involves certain risks and dangers including serious injury or death. I acknowledge that I am aware of these risks and accept all responsibility for any damages or personal injury that may occur as a result of my participation in such activities.

(2) RELEASE AND WAIVER OF LIABILITY

I agree to release Grand Traverse County and all of its elected and appointed officials, employees, volunteers, representatives and agents from any and all liability, claims, demands, actions or rights of action, including but not limited to claims for injury, wrongful death, property damage, stolen or lost property, which are related in any way to or are in any way connected with my participation in programs offered to me by the Senior Center.

I also acknowledge that the Senior Center sometimes employs independent contractors to provide its program services. The Senior Center does not assume responsibility for the actions of its independent program service providers. These program service providers serve as independent contractors and are not employees or agents of the Senior Center. Any damages resulting from their actions are the sole responsibility of the independent program service provider.

I grant Grand Traverse County, its representatives and employees the right to take photographs of me and my property in connection with any event. I authorize Grand Traverse County, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree Grand Traverse County may use such photographs of me with or without my name and for any lawful purpose including for example such purposes as publicity, illustration, advertising and Web content. I release Grand Traverse County, its officers, employees and elected officials, from any and all present or future claims, causes of actions, damages, costs or expenses that any way arise out of, or result from, Grand Traverse County's use of the authorized photo(s) on its web sites.

I also understand that this release of liability is binding upon not only myself but also my heirs, executors and assigns. My signature below indicates that I have read this entire document, I understand it completely, and agree to be bound by its terms.

SIGNATURE: _____ **DATE:** _____

Staff Use Only

- FREE for Grand Traverse County resident, age 60+
- \$10 per year for Grand Traverse County resident, 50—59yrs.
- \$50 per year for out-of-county resident
- Fife Lake County Waiver
- Travel Only
- Volunteer Only
- Scholarship approved

Director Approval: _____

Emergency Evacuation

Scan Card #:

Date	Paid	Initials
	\$	

Entered in MSC by (initials):

Notes

Cash or check, checks payable to: GTCSCN

V5- 12.29.2023