

Martinez Senior Community Center

818 Green Street Martinez, CA 94553

Phone: (925) 370-8770 Fax: (925) 229-2467

2017 MEMBERSHIP APPLICATION covering January 1, 2017 to December 31, 2017

\$10.00

Checks made payable to the City of Martinez

Please complete form

<input type="checkbox"/> I am a new member to the Martinez Senior Center
<input type="checkbox"/> I am renewing my membership
<input type="checkbox"/> I am age 90 or above and my membership is complimentary

Name (1)	In an emergency, who should we call?	
Address	Name	
City	Zip	Phone
Home Phone	Cell Phone	
Cell Phone	Relationship	
Email address	Hospital	
Birthdate	Health Concerns:	

If Interested in becoming a volunteer? Please request separate application		
How would you like to receive your Monthly Bulletin?		
<input type="checkbox"/> Will Pick Up	<input type="checkbox"/> Mail (USPS)	<input type="checkbox"/> Email

PHOTO LIABILITY: The City of Martinez Recreation reserves the right to photograph facilities, activities, and program participants for potential future use. All photos will remain the property of the City of Martinez Recreation and may be used for publicity or promotional purposes only.

LIABILITY RELEASE: I hereby agree to hold the City of Martinez, their employees, officers, and program and activity instructors harmless from all liability which may arise as a result of my participation in any senior activities. This release is intended to discharge in advance the City of Martinez, its officer, employees, or agents from liability, unless the cause of the accident/loss is the sole negligence of the city, its officers, employees or agents. I understand that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Signature _____ Date _____