Sanger TX Senior Center Membership Application

Please Print Clearly

Today's Date ___/____/___

General Information

Name: _____Date of Birth ___/___/_____

Female _____ Male _____ Status: I live alone _____ I live with _____

Residence Address: _____

_____

Postal Address: _____

_____

Main Contact Phone Number: _____

Alternative Number: _____

Email address: _____

My preferred method of contact (label 1st,2nd,3rd) ____ phone call ___ text ___ email

Emergency Contact Information

1st Contact (should be the person to contact in an emergency)

Name: _____

Relationship: _____

Phone: 1st _____ or 2nd _____

2nd Contact if the first can't be reached

Name: _____

Relationship: _____

Phone: 1st _____ or 2nd _____

Additional Information

Any allergies, medications, or medical conditions that the SSC staff and/or EMT would need to know in the event of an emergency, and you are unable to provide it yourself:

_____

_____

_____

I have a preferred hospital: _____

Please continue to back side

Membership Status

Residents: Sanger, Bolivar, Krum, Valley View

Non-Resident: any other city not listed Couples: 2 people residing in the same household

Ages	Resident	Non-Resident
50-79	$100 Annual $10 Monthly	$15.00 Monthly
80-89	$30 Annual $5 Monthly	$30 Annual $5 Monthly
90+	Free*	Free*
Couples (50-79)	$150 Annual $15 Monthly	
Day Pass	$5.00 daily	$5.00 daily

Free*= some classes/lessons/events may have a fee for supplies

In the chart above, Please circle your age group and circle the payment you are selecting.

I will be paying my membership dues (please circle one) annual/monthly (initial) _____

I understand that to remain a Member in Good Standing, my dues must be paid to the SSC promptly. (initial) _____

For SSC Staff only

SENIOR CENTER STAFF ACKNOWLEDGEMENT OF RECEIPT OF REQUIRED DOCUMENTATION

☐ Proof of age documentation (License)

☐ Proof of residency (Current government-issued photo ID or License or mail with name)

☐ Signed Authorizations: Likeness; Code of Conduct; Emergency Procedures

☐ Liability Waiver

☐ Email Handook?

Staff Member Name:_____

Signature: _____ Date: _____

Authorizations

Consent to Use of Likeness:

I acknowledge and agree that photographs and video recordings of participants may be taken, and that images or videos featuring me may be utilized for promotional purposes. I hereby provide my consent to the Sanger TX Senior Center, and its authorized representatives, for the publication and use of my name and/or likeness ("Likeness") in connection with promotion, publicity, advertising, or any other purpose or medium deemed appropriate. The term "Likeness" encompasses, but is not limited to, photographs, audio or video recordings, films, broadcasts, brochures, publications, reports, web pages, promotional materials, and any other audiovisual, electronic, printed, or tangible works in any format now known or developed in the future, including any reproductions thereof. I further understand and agree that all such materials shall remain the property of the Sanger TX Senior Center, and I waive any right to review or approve the manner in which my likeness may be used.

_____ I Agree Signature _____

_____ I DO NOT Agree

SSC Emergency Procedures: Summary of Emergency Policy found in its entirety in SSC Handbook. This policy applies to Members, Guests and Volunteers.

- Report all injuries or medical emergencies to SSC staff on duty.
- Staff will assess need for emergency medical response (e.g., unconsciousness, breathing issues, heart irregularities, dizziness, uncontrolled bleeding) and call 911 if needed.
- If a 911 call has been placed, the Member(s) or Guest(s) must remain until Medical First Responders have arrived.
- After medical evaluation, Member(s) or Guest(s) may decline treatment or transport but must do so formally with Medical Responders and SSC staff.
- If a Member or Guest refuses any recommended treatment or transport, they must sign an SSC waiver and will be asked to leave the Center for the day.
- A Member or Guest who has refused medical treatment or transport by Medical Responders may not be transported home or to another location by SSC staff or another Member present, and it is recommended that the emergency contact provides transportation if the Member is unable to drive.
- If, at any point during a medical emergency, the Member or Guest is unresponsive or unable to communicate clearly with Medical Responders, and transportation for further care is deemed necessary, SSC Staff will promptly inform and brief the designated emergency contact regarding the situation.

I hereby release any liability against any SSC Board member or SSC Member required to administer first aid and/or obtain medical care from emergency medical responders for myself when time is of the essence, if I am incapacitated, and/or when my emergency contact(s) cannot be reached. I authorize transportation to a medical facility in the event that Emergency Medical personnel deem it advisable.

I understand the Emergency Policy for the Sanger TX Senior Center

Signature: _____

SSC Code of Conduct

All Members, Guests, Volunteers, SSC Staff, and visitors must follow the Sanger TX Senior Center's Code of Conduct as set by the SSC Board. This is a summary from the SSC Policy Handbook.
All participants are required to:

- Treat everyone with courtesy and respect at SSC events and within the facility.
- Comply with all SSC facility policies and procedures.
- Avoid disturbing, offensive, abusive, or derogatory language or gestures toward others.
- Refrain from all forms of sexual harassment or threatening behavior, including online.
- Do not engage in disruptive or harmful activities, bullying, fighting, or encourage such actions.
- Avoid intentionally causing harm, except in self-defense.
- Do not damage, deface, litter, or remove property from the SSC Center without authorization.
- No alcohol, controlled substances, or being under their influence at SSC or related events.
- Follow non-smoking regulations in City-owned facilities.
- Observe SSC rules concerning sales, solicitation, and health safety.
- Pay dues as agreed
- Abide by all applicable laws and ordinances.
- Do not violate any other SSC Handbook policies that impact participant welfare.
- Do not exclude members or guests from open activities unless specified.

Violations may result in interventions or consequences decided by the SSC Board. Repeated or intentional infractions could result in further action, as outlined in the SSC Policy Handbook, available to all Members.

I have read the SSC Code of Conduct summary and understand that the full text is available in the SSC Membership Handbook. _____

Sanger TX Senior Center Handbook

The Sanger TX Senior Center (SSC) maintains its operational guidelines, policies, and procedures within the SSC Handbook. Members are encouraged to familiarize themselves with these procedures. Copies of the Handbook are available to read or download on the Sanger TX Senior Center website and at the SSC front desk, a printed copy is available to review here at the Center (including large print versions upon request). Upon request, a copy can be emailed to your home email account.

I understand I may review the Sanger TX Senior Center Handbook through the methods offered.

Signature_____

I request that a copy of the SSC Handbook be sent to my email account as recorded on my membership form. (initial) _____

Sanger TX Senior Center

Release & Liability Waiver

Waiver: I acknowledge that my enrollment as a member of the Sanger TX Senior Center is voluntary. I understand that participation in exercise programs offered by the Center is not mandatory. While I recognize that fitness activities may provide certain benefits, I am also aware that there are potential risks, including the possibility of sustaining serious or permanent injury, or even death, as a result of my own actions or the actions of others. Accordingly, I hereby waive, release, and discharge the Sanger TX Senior Center, along with its officers, agents, employees, representatives, executors, and affiliates, from any and all responsibility or liability for loss, damage, or injury to myself or my property arising from my participation in Center programs.

Release and Waiver of Claims: Participation in exercise activities—such as walking, running, bending, stretching, reaching, stepping, repetitive motion, general exertion, and other physical activities conducted in proximity to others—involves inherent risks. These risks include, but are not limited to, falls, strains, sprains, exposure to communicable diseases, adverse weather conditions, and unknown hazards. In consideration of being permitted to participate, I expressly assume all risks, including those resulting in personal injury or death, associated with this activity.

I agree that I am responsible for the proper use of any equipment deemed necessary for participation and for ensuring that my attire is appropriate. My health and safety remain my sole responsibility. To the best of my knowledge, I have no physical or medical condition that would prevent me from participating in an exercise program. Should I become aware of any such condition, I will discontinue my participation immediately. If I experience symptoms such as dizziness, excessive fatigue, shortness of breath, pain, or any other condition affecting my ability to continue safely, I will stop and request assistance. I understand that the Center does not possess expertise in diagnosing, examining, or treating medical conditions, whether pre-existing or resulting from program activities. If necessary, Center staff may contact Emergency Medical Services (911), to which I hereby consent.

I reaffirm that participation in any exercise program at the Center is not required. Acknowledging the potential benefits and risks, I voluntarily sign this Release and Waiver of Claims.

Please Initial

_____By executing this release, I hereby agree to indemnify and hold harmless the Sanger TX Senior Center, including its Board of Directors, representatives, employees, and volunteers, from any and all claims, demands, or causes of action of any kind, without limitation, regardless of their origin or any potential negligence by any party. This agreement applies to any incidents associated with my participation in, or use of, the Center's fitness facilities or exercise equipment therein. I intend that this release will be binding upon my representatives, heirs, estate, and assigns.

_____I further agree, on behalf of myself, my heirs, executors, and administrators, not to initiate legal action against, and to release, indemnify, and hold harmless the Sanger TX Senior Center—including its Board of Directors, representatives, employees, volunteers, instructors, and any suppliers of information or products used during activities—from any and all damages, actions, claims, and liabilities of any type.

_____Additionally, I agree, for myself, my heirs, executors, and administrators, not to pursue claims and to release, indemnify, and hold harmless the Sanger TX Senior Center—including its Board of Directors, representatives, employees, volunteers, and instructors—from any and all liability related to activities, including but not limited to accidents, loss, or damage to my property or person, except where such loss or damage is directly caused by the facility or its instructor.

_____ RELEASE AND LIABILITY WAIVER: I understand that participating in the activities and programs may involve certain risks, and I voluntarily assume all associated risks. I hereby release, indemnify, hold harmless, and forever discharge the City of Sanger, its departments and facilities, officers, agents, representatives, employees, volunteers, and volunteer Sanger Tx Senior Center Board of Directors and the Membership of the Sanger TX Senior Center —both privately and publicly—from any liability, claims, suits, demands, damages, or causes of action, including attorney's fees, for personal injury, property loss, or damage that I or my heirs, successors, or assigns may have or hereafter acquire against the City arising from participation at the Sanger TX Senior Center. This includes, but is not limited to: (A) motor vehicle accidents on public streets or private property; (B) personal injury or property damage caused by third parties; (C) personal injury, infection (bacterial or viral), illness (including COVID-19), or property damage resulting from any negligent acts of the City, its officers, agents, representatives, or employees, or the SSC Board of Directors and SSC Membership; and (D) wrongful death claims. My decision to participate is made without reliance upon any oral or written representations, express or implied, regarding these activities. Furthermore, the execution of this release does not constitute a waiver of all defenses available to the City of Sanger under common law or statutory, federal, or state provisions, including but not limited to governmental immunity.

Print Name;_____

Signature:_____ Date: _____