

**Area 10 Endwright Center**  
**NEW Membership Application**

**NON FITNESS APPLICATION**

All membership fees are renewed annually and are not refundable. Our fitness program as a member is open to anyone over 50 years of age.

Date Paid : \_\_\_\_\_

Method of Payment: Cash / Credit Card / Check, # \_\_\_\_\_ Received by: \_\_\_\_\_

**1. Please check one for membership type:**

- \$45/Individual     \$60/Couple
- Membership is free to those over 85 years of age!

**2. Member's Name:** \_\_\_\_\_ **Member #** \_\_\_\_\_

(office use)

Male     Female     Date of Birth (Required): \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

**Race:**  Native American     Alaskan Native     African American/Black  
 Caucasian American/White     Asian/Pacific Islander     Hispanic     Other

**3. Second Adult's Name** \_\_\_\_\_ **Member #** \_\_\_\_\_

(office use)

Male     Female     Date of Birth (Required): \_\_\_\_\_ (MM/DD/YYYY)

**Race:**  Native American     Alaskan Native     African American/Black  
 Caucasian American/White     Asian/Pacific Islander     Hispanic     Other

**4. Contact Information**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

(if you use email, please share your address; this will help us communicate in the most cost effective way. We do not share your personal information with entities outside of Area 10 Agency on Aging)

**5. Household Memberships: (Up to Two Additional Household/Caregiver\* Members):**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Mem. # \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Mem. # \_\_\_\_\_

**6. Required Emergency Contact:** \_\_\_\_\_

Relation to Primary Member:  Spouse  Son  Daughter  Friend  Dependent  Other

Emergency Phone Number(s): \_\_\_\_\_ ; \_\_\_\_\_

**RULES AND REGULATIONS FOR PARTICIPANTS**

The Endwright Center is here for community usage and the guidelines discussed below are meant to help accommodate the needs of all individuals using the facility.

- No smoking or alcoholic beverages are allowed in the facility
- Eating is only allowed in designated areas
- Please refrain from wearing fragrances as this may cause reactions in some people
- The use of fitness equipment is prohibited unless you have been enrolled in the Individualized Fitness Program and trained accordingly
- Property and individuals in the Center must be respected. Responsible parties are subject to replacing damaged or stolen property.
- Individuals engaging in physical or verbal abuse will be immediately asked to leave.

**LIABILITY WAIVER:**

I understand that the Endwright Center of Area 10 Agency on Aging assumes no responsibility for injuries or illnesses which I or my household members sustain as a result of my physical condition or resulting in from my participation in any programs or activities or use of equipment.

I acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from my participation in the Endwright Center Services. I hereby release and discharge the Endwright Center of Area 10 Agency on Aging, its agents, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in the Endwright Center Activities.

I understand the Endwright Center is not responsible for personal property lost or stolen while members or program participants are using the facilities or premises.

**Liability Waiver Release:**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE APPROVAL**

We greatly appreciate your participation in Endwright Center activities! Your photo release will help us greatly in our promotion of the center and future offerings! Thank you!

I, \_\_\_\_\_ / \_\_\_\_\_, hereby release the use of my photograph. I understand that the photograph may be used by Area 10 Agency on Aging for a variety of purposes, including (but not limited to) newspapers and Area 10 Agency on Aging websites, brochures and newsletters.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Adult Signature \_\_\_\_\_ Date \_\_\_\_\_