

Center for Active Living

City of Worthington

Member Application

Date: _____

MEMBER	Title	First Name	MI	Last Name		
	Mailing Address					
	City		State		Zip Code	
	Home Phone		Cell Phone		Email Address	
	Birth Date		Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Employer	
Emergency Contact Name			Relationship		Emergency Contact Phone	
MEMBERSHIP	<input type="checkbox"/> Single Membership (55 years of age and older)					
	<input type="checkbox"/> Y-Plus Membership (For YMCA members only) <i>This fee is in addition to your current YMCA dues.</i>					
	<input type="checkbox"/> Adult Racquetball Membership					
CAL USE ONLY	Membership Number	Membership Type			Annual Payment Amount \$ _____	Date:
	Barcode #	Join Date				
	Staff Member	Notes				

WAIVER

As a condition to participation in CAL activities, I waive and release any claims for loss or injury incurred or suffered which I CAL, City of Worthington its sponsors, officers, employees, volunteers, or contractors as a result of participating in CAL activities or using its facilities. I further agree to indemnify the CAL and The City of Worthington against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it. (CAL) This waiver of liability does not waive liability for any injuries that I obtain as the result of willful, wanton or intentional misconduct by the City of Worthington or any person acting on behalf of the City. In consideration of participation in a class, trip, or activity offered by the CAL and the City of Worthington, I, below undersigned, agree to indemnify and hold the City of Worthington harmless and hereby waive, release and discharge any and all claims for damage, injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against the City of Worthington, its City Council, employees, agents, volunteers, independent contractors and instructors from and against and liability arising out of or connected in any way with participation in a trip, activity, or class. I have read and agree to registration and program policies. My signature below, I acknowledge that I have read and understand the document and its contents.

I understand that the CAL is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using CAL facilities, on CAL premises, or involved in CAL programs.

I give my permission to the CAL to use without limitation or obligation, photographs, film footage, or tape recordings which may include image or voice for the purpose of promotion or interpreting CAL programs.

Signature: _____ **Date:** _____