

NORTHGATE SENIOR CITIZENS ASSOCIATION MEMBERSHIP FORM

We have dozens of great programs lined up to help you “get into action”. The 2005 memberships are being sold for the Northgate Senior Citizens Association. We are looking forward to seeing all our old friends, and new members are always welcome. The fee is only \$25.00 a year, for persons 55 years and older. Drop by and be a part of our Centre. If you can't make it to the centre, we have attached a form for you to fill out and send in (**must be accompanied with the signed waiver form below**).

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|-------------------------------------|--|---|
| SURNAME: | | Please make cheques payable to NORTHGATE SENIOR CITIZENS ASSOCIATION and mail to 7524-139 Avenue Edmonton, AB T5C 3H7 <i>Sorry, no cash or credit cards</i> |
| FIRST NAME: | | |
| ADDRESS: | | |
| CITY, PROVINCE: | | |
| POSTAL CODE: | | |
| PHONE: | | |
| DATE OF BIRTH: M/F: _____ | DAY MONTH YEAR | |
| VOLUNTEER | YES NO | |
| CONTACT FOR ILLNESS: | | |
| DATE OF APPLICATION: | | |

NORTHGATE SENIOR CITIZENS ASSOCIATION—PROGRAM WAIVER

I _____ recognize that the activities of the club/program
 (please print name)

I will be participating in may have some inherent risks. I knowingly and voluntarily assume the risks of engaging in this activity. I acknowledge that it is my responsibility to be aware of the risks associated with the activity and to safeguard my person by ensuring:

1. **That I am physically able/capable of the activity**
2. **That I exercise safety measures appropriate to the activity, and**
3. **That I do not participate beyond my capabilities.**

I understand that Northgate Senior Citizens Association endeavors to provide the best possible leadership and instruction, and to provide a safe environment for the club/program I am joining. I acknowledge that the Association only organizes activities, and does not necessarily possess any special skill or knowledge in relation to the activity itself.

I hereby release Northgate Senior Citizens Association from any liability arising out of my participation.

Signed: _____ Date: _____

This Waiver is effective for the duration of the participant's Membership.