New Member $30.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Number  Renewal $30.00

***Must be 50 + years to join***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **(Please Print)**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip

Circle: M or F Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Veteran Yes  No 

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Demographics (please check all those that apply):

\_\_ Caucasian \_\_ African American \_\_ Pacific Islander
 \_\_ Hispanic \_\_ Other \_\_ American Indian \_\_ City Resident \_\_ Asian \_\_ Rural Resident

Waiver and Release of Liability

The Southwestern Indiana Regional Council on Aging, Inc. strongly recommends that each participant consult his/her doctor prior to participating in any type of exercise.
1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Southwestern Indiana Regional Council on Aging, Inc., The SWIRCA Activity Center, operators, officials, contributors, officers, volunteers, employees or any persons in a restricted area, sponsors, advertisers, owners and lessees of premises used to conduct the activity and each of them, their officers and employees, all for the purposed herein referred to as “release”, from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for all damages, and any claim or demands therefore on account of injury to the person or property or resulting in any and all death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is participating in, observing in, competing in, volunteering for, or working for, or for any other purpose participating in the activity;
2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to participating in for the presence of the undersigned in exercise, competition, officiating, observing in, volunteering for, working for, or for any purpose participating in the activity and whether caused by the negligence of the releases or otherwise.
3. HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releases or otherwise while in or upon the restricted area and/ or while participating in, observing in, competing, officiating, observing, volunteering for, or working for any purpose participating in the activity.
4. EACH OF THE UNDERSIGNED expressly acknowledges and agrees that the activities are dangerous and involve the risk of serious injury and/or death and/or property damage. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity and agreement is tended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion thereof is held valid, it is agreed that the balance shall, not withstand, continue in full legal force and effect.
5. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statement of inducement apart from the forgoing written agreement have been made.
The Waiver, release and indemnification agreement specifically embraces each and every activity sanctioned, authorized or promoted by said release during the entire season and applies to each and every activity herein above mentioned, and has the same effect as if executed after each and every activity or even in which the undersigned participates so that the parties herein intended to be released and indemnified shall be fully and effectively released and indemnified as each and every event herein above described.
I grant the Southwestern Indiana Regional Council on Aging and The SWIRCA Activity Center the right to use my name and any photos and or video taken during the use of the facility without remuneration for the purpose of promoting Wellness, Development and Social Media.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_