



Steuben County Council on Aging, Inc. Membership Form

Name _____
(last) (first) (mi)

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell _____ DOB _____

Email _____

Emergency Contact Information Name _____

Phone _____

Gender _____ Marital Status _____

Veteran(circle): Yes No Branch of Service _____

Do you live alone(circle): Yes No Would you like a periodic wellness check: Yes No

How would you like to receive your newsletter(circle): email postal mail

Heritage Club Member ID # _____ Date of Membership _____

Paid by (circle one) Check # _____ Cash \$ _____

I would like to donate to the Member Scholarship Fund \$ _____

Silver Sneaker ID # _____

Renew Active ID# _____

* Membership to the Heritage Club is \$20 per year for Steuben County Residents. This annual fee assists with purchase of incidental items used in our activities. If you are unable to pay this membership fee, we have a sponsorship fund available. No Steuben County resident age 60 and over will be denied access based on inability to pay. Out of county residents please inquire about rate.

For information on all programs and services offered by the Steuben County Council on Aging, Inc. please visit our website at www.steubenco.org or visit us on Facebook @steuben.coa.

Steuben County Council on Aging, Inc.
Liability Waiver and Release Form

Please read this form carefully and be aware that the execution of this document will waive and release all claims for injuries you may sustain while using our equipment/facilities.

_____ I on behalf of myself and my heirs, executors, administrators, guardians and assigns, and in consideration of my participation and use of the services, equipment and facilities offered by Steuben County Council on Aging, Inc., hereby execute this Liability Waiver and Release of All Claims. I understand that by signing this agreement, I am forever waiving my rights to all claims for injuries and damages I might sustain and I agree to indemnify, hold harmless Steuben County Council on Aging, Inc., and it's officers, agents, employees, volunteers, representatives, executors and any and all others affiliated, for all such claims and damages. I do hereby release all of those mentioned and any other acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the of Steuben County Council on Aging, Inc. or other locations at which the Steuben County Council on Aging, Inc. is performing activities. I also will indemnify and hold harmless the Steuben County Council on Aging, Inc. for any claims that arise from my use of the facilities.

Exercise and Fitness

_____ I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I understand that exercise and fitness groups could be led by volunteers who are not licensed professionals. I hereby agree to expressly assume and accept all risk of injury or death. I also will indemnify and hold harmless the Steuben County Council on Aging, Inc. for any claims that arise from the use of the facilities by myself. I am aware of the risks of participation and use of the services, equipment and facilities of Steuben County Council on Aging, Inc.

_____ I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Steuben County Council on Aging, Inc. or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and the use of exercise and training equipment so that I might have recommendations concerning these physical activities and equipment use. **I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and or use equipment or machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities and utilization of equipment and**

machinery in my activities. I also will indemnify and hold harmless the Steuben County Council on Aging, Inc. for any claims that arise from the use of the facilities by myself.

_____ In the event of any emergency, I authorize Steuben County Council on Aging, Inc., without liability and in their sole and absolute discretion, to secure emergency assistance from any licensed hospital, physician, and/or medical or rescue personnel for any treatment or services deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all such medical, professional and emergency services and assistance.

I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY AGREEMENT. I VOLUNTARILY AGREE TO ITS TERMS. I HAVE RECEIVED A COPY OF THE EXERCISE ROOM RULES AND UNDERSTAND THAT FAILURE TO ABIDE BY THE RULES WILL RESULT IN LOSS OF USE OF THE EXERCISE ROOM.

Printed Name: _____

Signature: _____ Date: _____

In the Event of an Emergency, Please Contact: _____

Phone: _____

Steuben County Council on Aging, Inc.
General Media Release Form

I do hereby give my consent for the Steuben County Council on Aging, Inc. (STAR Transportation and/or the Heritage Club) to take and/or use photographic and/or video footage of me and to use said video or photos in any advertising, publications, promotional video or printed pieces which the agency deems appropriate. I also give my consent for the Steuben County Council on Aging, Inc. to use my recorded voice, if applicable, in it's radio commercials as it deems appropriate. I realize that I will receive no financial or other compensation for the taking or use of said photos, videos or recorded voice.

Signature Date

Print Name

Address

Phone