

2017 INDIVIDUAL
MEMBERSHIP APPLICATION
(JANUARY 1, 2017 – DECEMBER 31, 2017)



Welcome To the Upper Merion Senior Service Center
431 W. VALLEY FORGE ROAD, KING OF PRUSSIA, PA 19406
610-265-4715

****PLEASE PRINT & COMPLETE BOTH SIDES OF FORM****

Membership: \$15.00

* *Do you have a handicap placard?* Yes ___ No ___

*Select One: Mr. ___ Dr. ___ Mrs. ___ Ms. ___ Miss ___

*Last Name: _____ *First Name: _____

*Street Or P.O. Box: _____

*City: _____ State: _____ Zip Code: _____

*Telephone: (____) _____ E-Mail: _____

*Birthday Month: _____ Day: _____

*Emergency Contact Name: _____ Telephone: (____) _____

*School District: _____ *Note: Voting Privileges Restricted To Upper Merion Area School District Residents.*

*Referral: How did you hear about us? _____

*Would you like to receive paper copy of monthly newsletter? ___ (yes) ___ (no)

Confidentiality: The UMSSC guarantees your privacy. None of the above personal information will be made available to anyone, with the exception of birthdays, which are posted on the bulletin board every month.

****TWO-SIDED FORM – BOTH SIDES MUST BE COMPLETED****

Thank You!

Office Use Only

Date Paid: _____ Cash: \$ _____ Check No. _____ Payment Rec'd. By: _____

(Please Make Your Check Payable To UMSSC)

Membership Card issued: _____ Newsletter Issued (New Member): _____

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

WAIVER AND RELEASE OF ALL CLAIMS

THIS RELEASE, dated _____, is given *BY THE UNDERSIGNED, hereinafter referred to as RELEASOR, TO THE UPPER MERION SENIOR SERVICE CENTER*, their officers, agents, employees and representatives, hereinafter referred to as UMSSC.

1. **Waiver and Release.** In consideration of the grant of permission to participate in Upper Merion Senior Service Center activities, I release and give up any and all claims, demands, and/or rights which I have against Upper Merion Senior Service Center arising out of my participation in any such activity sponsored, authorized and/or permitted by the UMSSC. This releases all claims, including those of which I am not aware and those not mentioned in this Release. I release UMSSC, and hold UMSSC harmless, from any and all claims of personal injury or property damage arising out of or in any way related to my participation in any activity sponsored, authorized, and/or permitted by UMSSC. This release is intended to release all injuries, damages or losses to my person and property, real or personal, whether known, unknown, foreseen or unforeseen. I understand and acknowledge the significance and consequence of this Release and hereby assume full responsibility for any injuries, damages or losses that I may incur. This Release is freely and voluntarily given.

2. **Other Insurance.** I represent and certify that I am covered by my own medical insurance. I understand that I am not permitted to participate in any activities sponsored, authorized and/or permitted by UMSSC, unless I have such coverage. I fully understand that UMSSC is allowing me to participate in activities in reliance upon this representation.

3. **Who is Bound.** I am bound by this Release. Anyone who succeeds to my rights and responsibilities is also bound. Specifically, my heirs, executors, administrators and assigns are fully bound by this Release. This Release is made for the benefit of UMSSC and all who succeed to the rights and responsibilities of UMSSC.

I HAVE READ THIS RELEASE AND UNDERSTAND THAT I HAVE GIVEN UP MY RIGHT TO PURSUE A CLAIM AGAINST THE UPPER MERION SENIOR SERVICE CENTER, THEIR OFFICERS, AGENTS, EMPLOYEES AND/OR REPRESENTATIVES FOR ANY INJURIES, DAMAGES AND/OR LOSSES ARISING OUT OF MY PARTICIPATION IN ACTIVITIES SPONSORED, AUTHORIZED OR PERMITTED BY THEM.

DATE: _____

(Signature)

(Print name)

(Print address)