



NICEVILLE Senior Center

ENGAGING, ENRICHING & EMPOWERING ADULTS OVER 55

MEMBERSHIP REGISTRATION

Name _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Email _____

Male Female

Today's Date _____

Address _____

City/State/Zip _____

Is this address within the Niceville city limits? Yes No

Single Married Widowed

Do you live alone? Yes No

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

MEDICAL INFORMATION

Physician's Name _____ Phone _____

Hospital of Choice _____

Medications/Allergies/Special Needs _____

IMAGE RELEASE

In consideration of myself being allowed to participate in the City of Niceville program, related events and activities, the undersigned agrees that such participant's likeness may be photographed or videotaped and that such images may be published in an outlet used to promote or publicize that program.

RELEASE AND HOLD HARMLESS AGREEMENT

I acknowledge that I am releasing and forever discharging the city of Niceville, its agents and employees, from any and all liability, either individual, joint or several, which they may incur as a result of any and all acts or omissions of negligence, comparative negligence, fault or liability, engaged in by them which causes, either directly or indirectly, any injury, loss or damage of any nature or kind whatsoever. I further agree in consideration for the use and enjoyment of the Niceville Senior Center do hereby hold the City of Niceville, its agents and employees, harmless from payment of any loss, damage, liability, including but not limited to, civil judgments, liens, attorney fees and costs incurred by the City of Niceville, arising out of or pertaining to in any way whatsoever, for the acts or omissions, negligence, comparative negligence, fault or liability, engaged in by them which causes, either directly or indirectly, any injury, loss or damage of any nature or kind whatsoever.

AUTHORIZATION FOR MEDICAL TREATMENT

In the event my spouse is not available for consultation, I do hereby authorize and consent to emergency medical treatment by any licensed medical physician or licensed emergency care personnel until such time as I have been taken (if necessary) to an emergency care facility or hospital. At such time as my medical conditions shall be deemed "non-life threatening," then further medical care shall be made under the direction of my physician (listed above) and with consent of my spouse. This consent shall remain in effect until December 31, 2019.

Signature _____ Date _____

OFFICE USE ONLY

Processed by _____ Date Processed _____

ID Card Number Assigned _____

City Resident Membership Non-City Membership Lifetime Membership

Snowbird Membership Lifetime Membership

Monthly Payments Quarterly Payments Annual Payments One-time payment

Temporary Monthly Payments – Start date _____ End Date _____

Initial Amount Paid _____ Credit Card Cash Check # _____

Receipt # _____

NOTES

