

Village of Vernon Hills Senior Center Membership Registration
290 Evergreen Drive, Vernon Hills IL 60061
(847) 367-3700

We appreciate your cooperation in completing this form. The information is confidential and will help us serve you. Please return this form by mail or in person to the Senior Center.

Annual Membership Fee (please check one)	
Vernon Hills resident single \$10 _____	Non-resident single \$15 _____
Vernon Hills resident couple \$18 _____	Non-resident couple \$23 _____
Check enclosed for \$ _____	Calendar Year of this Membership _____

Member 1

Last Name _____ First Name _____
 Telephone _____ Cell Phone _____ Birthdate _____
 Email address _____
 Your doctor's name _____ Phone _____

Member 2 (if needed)

Last Name _____ First Name _____
 Telephone _____ Cell Phone _____ Birthdate _____
 Email address _____
 Your doctor's name _____ Phone _____

Address

Street Address _____
 City _____ State _____ ZIP _____

List two people we could contact if necessary:

1. Name _____ Phone _____
 Address _____ Relationship _____
2. Name _____ Phone _____
 Address _____ Relationship _____

DON'T FORGET TO SIGN THE WAIVER ON THE BACK SIDE

PARTICIPANTS LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that by registering for and/or participating in programs sponsored by the Vernon Hills Seniors Organization, you will be waiving your rights to all claims for injuries you might sustain out of participation and you will be required to indemnify, hold harmless and defend the Village of Vernon Hills for any claims arising out of participation in Senior Center activities.

I acknowledge the participation in being a member of the Vernon Hills Senior Organization requires an ambulatory status or physical status whereby a person(s) can physically under their own power or with the aid of a wheel chair, cane or other device enter and exit the premises. Once upon the premises, the person assumes that the physical surrounding environment can carry the potential for injury. No representation is made that persons(s) running the Senior Organization are either employees of the Village or licensed to provide service. The participation in the organization is voluntary and by my signature I hereby assume the risks of participating in this program.

I certify that I am physically fit and have not been notified otherwise by a qualified medical professional not to participate. If it is determined, either by a qualified physician, guardian or by the Village Manager that my physical status requires the use of a walker, cane or other device used to steady a person or help in mobility then I agree to be required to use the approved device when I am on or in the premises of the Village Hall and more specifically the Senior Center. This device shall be provided by the signatory and shall be used at all times while on the premises. Failure to follow this requirement will constitute a forfeiture of the right to participate.

As a participant of the stated organization I hereby waive, relinquish, release and discharge the Vernon Hills Senior Organization, their instructors and the Village of Vernon Hills and its agents and employees from and against and all claims for losses, damages, expenses for personal injury, including death, including claims against the Village, its agents or servants and all losses or expenses, including attorney’s fees that may be incurred by the Village of Vernon Hills in defending such claims, rising out of or resulting from injury received, caused in whole or in part, of any negligent act or omission of the Village of Vernon Hills on account of my participation at the Senior Center and in any off-site Senior Center activities. The indemnification on the obligation under that paragraph shall not be limited in any way by any limitation on the amount or types of damages, compensation acts, disability act or other actions.

Indemnity and Defense: “I further agree to indemnify, hold harmless and defend the Village of Vernon Hills and it officers, agents, and employees from any and all claims from injuries, including death, damage or losses sustained by me and arising out of, connected with, or in any way associated with the activities of the Senior Center.”

In the event of an emergency, I authorize the public entity to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment or any and all medical services rendered.

I have read and fully understand and agree to the about stated conditions of the Village of Vernon Hills Senior Center membership. I hereby consent to participate in the Vernon Hills Senior Organization and will report any injury, accident and/or illness during any visit to the facility.

Member 1

Member 2

Signature_____

Signature_____

Date_____

Date_____