



July 1, 2021-June 30, 2022

### SSC Membership / Renewal Form

Membership open to those 60 and older

All members must submit this confidential, mandatory form and remit membership dues every year prior to July 1st, to participate in all Stamford Senior Center programs and activities.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: \_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male \_\_\_ Non-Binary

Spouse's Name: \_\_\_\_\_ (please note if registering as a couple spouse must complete separate form)

Race/Ethnicity: \_\_\_ American Indian \_\_\_ Asian/Pacific Islander \_\_\_ Black \_\_\_ White \_\_\_ Hispanic \_\_\_ Other

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

May we use your photo in advertising, on our website or in social media? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Back up Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Anyone who wishes to participate in any activities at the SSC must be fully vaccinated against COVID-19. Non-vaccinated individuals can participate in our outdoor events and zoom classes. Proof of vaccination must be presented with this form.**

Annual Membership Dues: \_\_\_ Single member: \$50 | \_\_\_ Married Couple: \$80

**Please make check payable to: The Stamford Senior Center**

**Mail to:** Stamford Senior Center, 888 Washington Blvd., 2<sup>nd</sup> Floor, Stamford, CT 06901 or pay online with a credit card or Paypal at [www.stamfordseniorct.org](http://www.stamfordseniorct.org)

As a 501(c)3 not-for-profit organization, the Stamford Senior Center counts on the generous support of individuals to help support all the programs we offer.

Would you like to make a donation with your membership fee?

Yes, I'd like to donate: \_\_\_ \$10 \_\_\_ \$20 \_\_\_ \$40 \_\_\_ \$ 60 \$\_\_\_ (enter another amount)

**ASSUMPTION OF LIABILITY:** Participation in the activities offered at the Stamford Senior Center may involve risk of injury. As a participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Stamford Senior Center, its directors, officers, employees, contracted instructors and volunteers from the liabilities which may occur while participation in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Stamford Senior Center does not provide accident/medical insurance for program participants.

In addition, I understand and acknowledge that the novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization and is extremely contagious. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assumes the risk that I may be exposed to an/or infected by COVID-19 at any point my participation in the Stamford Senior Center services, programs and/or activities and that such exposure or infection may result in personal injury, illness, permanent disability and/or death.

**Agreement of Participant:**

My signature below confirms that I have read and agree to follow the SSC Membership Guidelines and that I agree to the Assumption of Liability above.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date signed: \_\_\_\_/\_\_\_\_/\_\_\_\_