

TURLOCK SENIOR CITIZENS

MEMBERSHIP FORM

Date: _____

Male Female

Name: _____

Address: _____

City: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

eMail Address: _____

Check this box to have your address, phone, and email excluded from the directory.

Emergency Contact #1

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact #2

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Please sign and date the back of this form.

STATEMENT OF INFORMED CONSENT, INDEMNITY, RELEASE, AND WAIVER TO PARTICIPATE IN TURLOCK SENIOR CITIZENS GROUP

I hereby expressly waive and release all claims and causes of action I now have or in the future may have against the City of Turlock based on, or related directly or indirectly to, my voluntary participation in Turlock Senior Citizens Group activities

To the extent of such waiver and release, I expressly waive my rights, if any, under California Civil Code Section 1542 which provides:

“A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.”

To the fullest extent permitted by law, I agree to indemnify, defend, and hold harmless the City of Turlock, its officers, agents, and employees from and against all claims, damages, losses and expenses, including but not limited to attorney fees, arising out of, resulting from, or in any manner related to my participation in Turlock Senior Citizens Group activities.

Date: _____

Member Signature: _____

Print Name: _____