DEARDOFF SENIOR CITIZENS CENTER

605 S. River Street, Franklin, Ohio 45005

MEMBERSHIP APPLICATION, RELEASE AND WAIVER

Last Name:		First Name:		
Street:		City:	Zip:	
Date of Birth:	Home Phone:	Cel	l Phone:	
E-mail Address:_				_
Emergency Conta	ict:			
Name:		Home:	Cell:	
Interests/Hobbies	:			_
Would you be inte	erested in volunteering at	the Senior Center?	Yes	_No
Deardoff Senior Cit property owned by the facilities, premistlegal guardianship waive, and discharg Deardoff Senior Cit and causes of action therefore on account megligence, acts, on Walter and Audrey whatsoever.	being permitted to participatizen Center, located at 605 the Trustees of the Walter ases, and/or exercise equipmor custody, personal represege the Trustees of the Walterizen Center, its employees, in for any and all loss or dant of injury to the person or participating in any of the ser, and/or utilizing any propet my own risk.	South River Street, Frankind Audrey Deardoff Menent, I hereby individually entatives, agents, assignar and Audrey Deardoff Mataff, and volunteers from age of any nature whats property or death of the participating in the persons or organizater and/or participating in ervices and/or programs of the programs of the programs of the persons or programs of the persons of the perso	klin, Ohio 45005, and un norial Trust, including, be and for my children, ches, heirs, and next of kin- lemorial Trust, Walter and any and all liability, classoever, and any claims of the walter above while an any activities or programs of the Walter and Audre	tilizing the but not limited to ildren under hereby release, nd Audrey aims, demands, or demands by the attending the ams
(Printed Name)		(Signature)		_
60 years and older:	\$15 per year for the City of \$30 per year for all surroun		and Village of Carlisle	
50-59 years old:	\$25 per year for the City of \$40 per year for all surroun		o and Village of Carlisle	

Mail or drop off completed application to Director along with dues (cash, check or money order – no credit cards)