



Manitowoc Senior Center: 2024 Membership Application

Membership Type:

City Resident	<input type="checkbox"/> Annual—\$30	<input type="checkbox"/> Lifetime—\$120
Non-Resident	<input type="checkbox"/> Annual—\$40	<input type="checkbox"/> Lifetime—\$150

*Membership is nonrefundable.

*Annual memberships run for one calendar year.

Date: _____

APPLICANT #1:

First Name: _____ Last Name: _____

Address: _____

Street Address

City

State

Zip

Phone: _____ Alt. Phone: _____

Email: _____ Date of Birth: _____

*Signature: _____

APPLICANT #2: * Must reside at same address above.

First Name: _____ Last Name: _____

Email: _____ Date of Birth: _____

Phone: _____ Alt. Phone: _____

*Signature: _____ Date: _____

EMERGENCY CONTACT:

1. Name: _____ Relationship: _____

Phone: _____ Alt. Phone: _____

2. Name: _____ Relationship: _____

Phone: _____ Alt. Phone: _____

VOLUNTEER OPPORTUNITIES: Thank you for your interest in Volunteering. Please indicate your interest by checking the appropriate boxes. You will be added to our volunteer interest list.

- | | | |
|---|---|--|
| <input type="checkbox"/> Library | <input type="checkbox"/> Newsletter Distribution | <input type="checkbox"/> Bake for bake sales |
| <input type="checkbox"/> Bingo (calling bingo, setup) | <input type="checkbox"/> Flyer/Poster Distribution | <input type="checkbox"/> Setup/Takedown for events |
| <input type="checkbox"/> Office Reception | <input type="checkbox"/> Cashier at Events | <input type="checkbox"/> Prepare Food for Events |
| <input type="checkbox"/> Birthday Calls | <input type="checkbox"/> Decorate (seasonal / holidays) | <input type="checkbox"/> Serve Food at Events |
| <input type="checkbox"/> Advertising/Posting Posters at area businesses | | <input type="checkbox"/> Help with Grilling for events |
| <input type="checkbox"/> Raffle Basket Assembly/Organization | | |

I would consider volunteering to teaching a class or leading group in: _____

What would you like to see offered at the Senior Center? _____

This section is optional

News Notes: Would you like the newsletter emailed to you? ☐Yes ☐No

Photo Release: I grant permission to the City of Manitowoc to take my photograph and use it for publicity Purposes. I understand that this may include all printed media such as, but not limited to, flyers, pamphlets, and digital media including, but not limited to, the City of Manitowoc website and Manitowoc Senior Center Facebook page. I further release the City of Manitowoc from any claim, known or unknown, that may arise from the use of my photograph(s) for publicity purposes.

Signature: _____

Date: _____

Signature (Applicant 2): _____

Date: _____

Recreation Activity Waiver: This waiver of liability pertains to all programs/classes/trips and facilities registered/rented through the City of Manitowoc.

I hereby understand and acknowledge that each program, membership or rental I have registered for presents an inherent risk of injury. I, the undersigned, in full recognition and appreciation of any dangers and hazards inherent in the activities to which I, or my child, will be exposed as a volunteer for the City of Manitowoc, do hereby voluntarily agree to assume all of the risk and responsibilities surrounding my, or my child's participation, and further, I do for myself, my child, my heirs, and personal representative(s) hereby agree to defend, hold harmless, indemnify, release and forever discharge the City of Manitowoc, its affiliated, officers, officials, departments, committees, employees, agents, representatives, successors, assigns and volunteers from and against any and all claims, demands, actions or causes of actions of any sort on account of my or my child's participation, including but not limited to damage to personal property, personal injury, or death which may result. I further understand that any costs incurred for medical treatment or illness or injury resulting from participation shall be my sole responsibility.

I, the undersigned, agree and intent that this release, Waiver of Liability, Assumption of Risk and indemnification Agreement extends to all acts or otherwise and is intended to be as broad and inclusive As is permitted by the laws of the State of Wisconsin in which the activities are being conducted and that if any portion thereof is held to be invalid, it is agreed that the balance, notwithstanding, shall continue in full legal force and effect.

I HAVE READ THIS RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT, AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND INTEND BY MY SIGNATURE(S) TO BE A COMPLETE AND UNCONDITIONAL RELEASE TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature: _____

Date: _____

Signature (Applicant 2): _____

Date: _____

Thank you for your interest and membership in our Senior Center. We're glad you're here.

Manitowoc Senior Center | 3330 Custer Street, Manitowoc, WI 54220 | 920-686-3060

www.manitowoc.org/seniorcenter | www.facebook.com/manitowocseniorcenter

Office use only: ☐ ActiveNet ☐ Emergency Contact ☐ Birthday List
☐ Newsletter ☐ Volunteer List ☐ Email List

Updated: 11/2023

