



# Cloverdale Senior Multipurpose Center

707-894-4826 • 311 North Main Street, Cloverdale, CA 95425  
Mailing: P.O. Box 663, Cloverdale, CA 95425 • [www.CloverdaleSeniorCenter.com](http://www.CloverdaleSeniorCenter.com)

Please return your application and payment to the Cloverdale Senior Multipurpose Center.  
Membership Dues: \$25.00 for Individuals, and \$45.00 for Households of 2.

## New Membership & Renewal Application

Adult #1 - First and Last Name

Adult #2 - First and Last Name

Address

City

State

Zip

Mailing Address (if different from above)

Phone:

Email:

Adult #1 Date of Birth:

Adult #2 Date of Birth:

Emergency Contact Name

Emergency Contact Phone

Relationship

What are your program interests?

Our programs are predominantly volunteer operated. Would you be interested in volunteering at the senior center or Creative Notions? **YES** or **NO** (circle one)

If you prefer to receive newsletters by email ONLY, please check here.

While we respect some people prefer a physical paper copy, emailing saves us time and money, and is more eco-friendly.

**\*\*\*To process your membership the "Waiver, Defense, and Indemnity Agreement for Members and Volunteers must be signed (BACK PAGE)\*\*\***

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### FOR OFFICE USE ONLY

(Circle one) Paid:  Yes /  No Payment Method: Cash / Check# \_\_\_\_\_ / Credit Card

Amount Paid: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

New Member:

Returning Member:

Individual:  Or Household:

1 year:  Or 2 year:

Office Use: \_\_\_\_\_ (Name of Admin who Entered Information)

Entered info. Into DB

Issued Scan Card

Volunteer info Entered

Mailing List

Sign Waiver



# Cloverdale Senior Multipurpose Center

## WAIVER, DEFENSE, AND INDEMNITY AGREEMENT Membership and Volunteers

In consideration of my being permitted to volunteer and my time to participate in Cloverdale Senior Multipurpose Center programs, I make the following agreement:

1. I agree to abide by and follow the rules set forth in the attached "Rules for Volunteers" (Rules). I will do nothing at variance with the terms of the Rules or cause any other person to do anything at variance with the Rules.
2. I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me against the Cloverdale Senior Multipurpose Center, its agents, employees, assigns, or members as a result of volunteering to participate in Cloverdale Senior Multipurpose Center programs.
3. This release is intended to discharge in advance the Cloverdale Senior Multipurpose Center, its agents, employees, assigns, and members, even though liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.
4. I hereby agree to defend, indemnify and hold harmless all of the person and entities mentioned above, for any and all damages, costs, claims, liability, judgments or expenses, including attorneys fees incurred in the prosecution of this indemnification, which may arise directly or indirectly as a result of my participation as a volunteer.
5. I further agree that this release and waiver shall also apply to all unknown and unanticipated claims and hereby waive the benefits of California Civil Code Section 1524 which provides that:
  - A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release which if known by him must have materially affected his settlement with the debtor.
6. It is further understood and agreed that this waiver, release and assumption of risk is binding on my heirs and assigns.

I HAVE READ THIS DOCUMENT, AND THE RULES TO WHICH IT IS ATTACHED. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.

Dated: \_\_\_\_\_

Adult #1 Sign: \_\_\_\_\_

Dated: \_\_\_\_\_

Adult #2 Sign: \_\_\_\_\_