

Town of Arlington Senior Citizens Center

2023 Membership Application and Waiver

Please Make Check Payable To: Town of Arlington **Rate:** \$12 Per person, not prorated

Please Mail Check & Application to: Town of Arlington PO Box 507 Arlington TN 38002

Name 1: _____

Name 2: _____

Birthdate: _____

Birthdate: _____

Email: _____

Email: _____

Home/Cell Phone: _____

Home/Cell Phone: _____

Mailing Address _____

City: _____ Zip Code: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Waiver and Release of Liability:

I am aware of the activities that I am voluntarily participating in and I agree to assume any and all risks of bodily injury, property damage, whether those risks are known or unknown. I hereby release, forever discharge and agree to hold harmless the Town of Arlington, its director, employees and agents from all claims or liabilities of any kind relating to the participation of events at the Town of Arlington Senior Citizens Center.

Name 1: _____

Name 2: _____

Phone: 901-867-7698

Mail: PO Box 507, Arlington TN 38002

Email: eequi@townofarlington.org

Office Note: _____

