

**Town of Arlington Senior Citizens Center
Membership Application
& Liability Release Form**
(Husband and wife can use same form)

Membership Fee \$12.00 per year

Check made payable to: **Town of Arlington**

Please **print** and fill out completely:

Mail form and check to: Town of Arlington
PO Box 507
Arlington, TN 38002

Name(s): _____

Address: _____

_____ **Phone** _____
City **State** **Zip**
Cell _____

Email: _____

Male Birthday - mo. day yr

Female Birthday - mo day yr

Emergency Contact Information	
Name: _____	Phone # _____

In order to participate in exercise or any related activity this form must be signed and on file.

RELEASE AND WAIVER OF LIABILITY AGREEMENT

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 Arlington Senior Citizen's Center, 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. I also am aware that my picture may be taken and placed in paper occasionally.

Please sign below:

SIGNATURE _____

(TO PARTICIPATE IN THE GALA YOU MUST BE A MEMBER BY SEPTEMBER 1ST)

PHONE 901-867-7698
Mailing Address: PO Box 507
Physical Address: 6265 Chester Street
E-MAIL brussell@townofarlington.org
Town web site: www.townofarlington.org

OFFICE USE ONLY
Date Joined _____
Amount Paid _____