

Levy Senior Center Membership Application

Name: _____

Address: _____

City/State/Zip: _____

Telephone #: (_____) _____ Birthdate: _____

E-mail Address: _____

In Case of Emergency

(Whom do we notify in case of illness, other than your spouse?)

Name: _____

Telephone #: _____

Relationship: _____

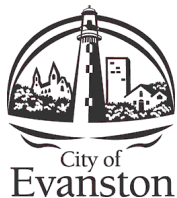
Membership is valid for one year from the date of purchase. The Center membership fee is \$34 for an Evanston resident of ZIP codes 60201 and 60202. The Center membership fee is \$54 for a nonresident.

Checks, cash or credit cards are accepted. **Please make checks payable to “City of Evanston.”**
Note: There are no refunds on Center membership.

Please read and sign the waiver on the other side.

Thank you for becoming a member! We're looking forward to your participation!

Levy Senior Center
300 Dodge Avenue, Evanston, IL 60202
Telephone: 847-448-8250
E-mail: levycenter@cityofevanston.org



Please read and sign this LIABILITY WAIVER FOR PARTICIPANT

I AGREE TO THE FOLLOWING WAIVER, RELEASE AND INDEMNIFICATION TO ALLOW THE NAMED PARTICIPANT TO PARTICIPATE IN RECREATION ACTIVITIES THAT HAVE AN INCREASED ELEMENT OF RISK.

The undersigned participant, or if participant is under 18 years of age, the undersigned parent, guardian or custodian of the above minor participant, requests said participant to participate in the City of Evanston Parks, Recreation and Community Services Department's program activities. These include, but are not limited to: archery, hiking, biking, sports and skate sports, arts camps, theatre programs, and non-sports based camps. I understand that these activities have an increased element of risk due to the characteristics of the activity and the uncontrollable nature of surrounding elements. These risks may include equipment malfunction or condition(s), loss of control, collisions, obstacles, terrain variation, and unexpected actions by horses or by other people. I understand that other participants may act in a negligent manner that can contribute or cause injury, such as failing to maintain control, not acting within their abilities, or not following rules and instructions. I acknowledge that participation in certain activities including but not limited to those identified in the Illinois Tort Immunity Act, 745 ILCS 10/3-109 are inherently dangerous and involve risk that may cause serious injury and in some cases death.

PARTICIPANT, OR IF PARTICIPANT IS UNDER 18, THE UNDERSIGNED PARENT, GUARDIAN, OR CUSTODIAN OF THE ABOVE MINOR HEREBY JOINS IN THE FOREGOING WAIVER AND RELEASES, DISCHARGES AND AGREES NOT TO SUE THE CITY OF EVANSTON, THEIR ELECTED OFFICIALS, OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS, AND ATTORNEYS, FOR LIABILITY FROM ANY AND ALL LOSS OR DAMAGE, PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH WHETHER CAUSED BY ANY NEGLIGENCE, EITHER ACTIVE OR PASSIVE OF THE CITY, OR OTHERWISE.

I understand and agree that I am solely responsible for disclosing any health or physical conditions and that the City has no duty to accommodate any disclosed condition if such accommodation is unreasonable and exceeds Federal, State, or local law(s). Health or physical condition limitations may include recent injury or surgeries, medications, diagnosed or undiagnosed behavioral conditions, and mental and physical limitations. Please list any health or physical limitations or conditions below:

I have read this document and understand that it is a promise not to sue and that I release the City of Evanston, elected officials, employees, agents and attorneys for any and all claims. I considered this Release and Waiver carefully before signing it. If I am signing this document with an electronic signature, I execute this Release and Waiver with the intent to sign the record.

Date: _____ Signature: _____