



"Loving Life in the Second Half"

**Rider
Membership
Application**

Date: _____

First Name: _____ Middle: _____ Last: _____

Phone: _____ Cell: _____

Current address: _____

City: _____ State: _____ Zip : _____

Name of Community (Retirement / Assisted Living Community, Apartment Complex, Subdivision, etc)

Email address: _____

Date of birth: _____ Do you drive? _____ If no, why? _____

Physical limitations/disabilities: _____

Any assistance devices used (i.e. wheelchair, walker, cane, etc.): _____

Are you married? _____ Who do you live with? _____

Family members living in town: _____ How did you hear about us? _____

Emergency Contact information

THIS MUST BE COMPLETED	
Name: _____	
Relationship: _____	
Home Phone: _____	Cell/Work Phone: _____
Email Address: _____	

RELEASE OF LIABILITY

I hereby release Castle Rock Senior Activity Center, its staff, board of directors, associates and volunteers from all liability for any injury, medical expenses or damages related to services completed by Castle Rock Senior Activity Center and its volunteers. I indemnify and hold harmless Castle Rock Senior Activity Center, its staff, board of directors, associates and volunteers from all claims, demands, losses, cause of action, lawsuits, judgements, including attorney's fees and costs, arising out of, or relating to, activities related to services provided by Castle Rock Senior Activity Center.

I agree to follow and adhere completely to Castle Rock Senior Activity Center program rules and guidelines. The ability to transport members is at the discretion of Castle Rock Senior Activity Center. By signing below, I certify that I have read this document and understand its terms and have read and will comply with the member agreement.

Signature _____ Date _____