



119 W. Court Street, Ithaca, NY 14850
 phone: (607) 273-1511
 fax: (607) 272-8060
 online: tclifelong.org

Lifelong Membership Application Waiver/Donation Form

Expires _____

Personal Information
 Please Print

Name (1) _____ Date of Birth _____
 Names (2) _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Home Phone # _____ Cell Phone # _____
 Email: _____ Check if contact info has not changed.

Municipal Resident:

Caroline Danby Dryden Enfield Groton Lansing Newfield Ulysses
 City of Ithaca Town of Ithaca Other _____ County _____

Demographic Information
 (Helpful & Optional)

Do you consider yourself to be?
 White or Caucasian Black or African American Hispanic Multi-Ethnic
 Asian or Pacific Island American Indian or Alaska Native Other _____
 Do you identify as any of the following?
 Person with a disability Veteran Disabled Veteran Vietnam Veteran

Emergency
 Contacts

Name: _____ Relationship: _____
 Address _____
 Home Phone # _____ Cell Phone # _____ Work # _____
 Check if this person listed above is your Health Care Proxy

Health
 Information

Are there any health issues you would like us to be aware of? If so, what _____
 Do you have any allergies? (e.g. food or medications) _____
 If you have a Primary Care Physician, please list his/her contact information:
 Name: _____ Phone # _____

I am interested
 in ...

Membership: Individual - \$25 Household (2 person) - \$40 New Member Renewal
 Health and Wellness Creative Arts Travel Walk Golf Swim
 Lifelong Learning Courses (Attach Registration Form)
Donation Amount: \$ _____ Anonymous
 In Memory of _____ In Honor Of _____

Payment

Payment Method: Cash _____ Check Amt. _____ Check # _____ PayPal _____
 Credit Card: MC / VISA / Am Ex / Disc Amt. _____ Card # _____ Exp. Date _____

Received by _____

Continued on the Reverse Side

Membership Benefits

Each Member is eligible to receive:

- Enrollment into fee-based Lifelong Learning Courses & Activities held at 119 West Court Street.
- \$5.00 discount on Lifelong travel registrations.
- Free Borg-Warner swim passes (when available)
- Free parking only for your visit to Lifelong (on a first-come, first-served basis)

Scholarship Information

I would like a scholarship for _____ (by checking this box I attest that I make less than \$1400 monthly gross income per single household or less than \$1900 monthly gross income for a two-person household and will notify Lifelong if my income changes to above that income level). When possible I will make a contribution to Lifelong.

Acknowledgement of Risk and Liability

I, the undersigned, hereby apply to participate in activities (classes, programs, events, and trips) to be conducted by LIFELONG and acknowledge the following: I fully understand and acknowledge that there are inherent risks and dangers in my participation in the activities and my participation in said activities and use of any equipment or materials related to such activities may result in my injury, illness or death and damage to or loss of my personal property. I understand other participations, accidents, forces of nature or other causes may cause these risks and dangers and I hereby fully acknowledge and accept these risks and dangers. I am in good health and I am able to participate in any strenuous physical activity associated therewith. I understand and agree it is my responsibility to get any medical clearance or approval from my medical health professional to participate.

I herewith release, forever discharge and waive any right of recovery or subrogation against LIFELONG, its officers, directors, employees and volunteers from any and all liability whatsoever for any illness or injury, including death or damage to or loss of my personal property that I may sustain while I am participating in this program. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my participation in the activity shall first be submitted to arbitration and/or be venued in the Supreme Court of the State of New York of Tompkins County.

I HAVE READ THE ABOVE OR I ACKNOWLEDGE, THAT I HAVE HAD THIS DOCUMENT READ TO ME AT MY REQUEST AND BY SIGNING IT I AGREE IT IS MY INTENTION TO PARTICIPATE IN ACTIVITIES AND I UNDERSTAND AND ACCEPT ALL RISKS INVOLVED.

NAME (PRINT): _____

SIGNATURE: _____ **DATE:** ____/____/____

Photo Release

Photo Release: For good and valuable consideration herein acknowledged as received, *I hereby grant* Tompkins County Senior Citizens Council, Inc. (dba Lifelong), its legal representatives and assigns, those for whom said corporation is acting, and those acting with its authority and permission, the absolute right to copyright and use, reuse, publish and republish any or all video/audio tapes, photographs, negatives, or prints taken of me by representatives of said corporation, without restriction as to changes or alterations from time to time, in conjunction with my name or a fictitious name in any medium for art, advertising, trade, or any other purpose whatsoever. I hereby waive any right that I may have to inspect or approve the finished product or products or advertising copy or printed or electronic matter that may be used in connection therewith or the use to which it may be applied. I hereby release, discharge and agree to save harmless Tompkins County Senior Citizens Council, Inc., its legal representatives or assigns, and all persons acting under its permission or authority or those for whom it is acting, from any liability by virtue of any blurring, distortion, alteration, optical/audio illusion, or use in composite form that may occur or be produced in the creation and production of any of these materials. I hereby warrant I am of full age and have every right to contract in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and I am fully familiar with the contents thereof.

Name _____ Date _____