



Membership Form
Make check out to: The City of Portage
Return to: Portage Zhang Senior Center
203 E Centre Ave / Portage MI 49002

- ☐ New Membership **OR** ☐ Renewing Membership ☐ Life Time Member \$300 **OR**
- ☐ My Medicare Supplement is with United Healthcare ☐ Portage Resident \$30 per person per year
My Renew Active Code # _____ ☐ Non-Resident \$40 per person per year

Name (First, MI, Last): _____

Nickname: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Address: _____

City / ST / Zip + 4: _____

County / Township: _____

E-mail Address: _____

Emergency Contact: _____

Relationship to you: _____

Emer. Contact Phone: _____

- ☐ I will pick up the newsletter at the PZSC. ☐ I can read it online and see it sooner! ☐ Receive in the mail
- ☐ I would like information about including a gift to the Portage Zhang Senior Center in my estate plans.

I would like to support ***Friends of Portage Zhang Senior Center*** by including a donation of \$ ____.

REMEMBER: Please sign below. I acknowledge that I have read and signed the City of Portage liability form.

Signature: _____ Date: _____

OPTIONAL: The following information is requested by many funding agencies. Your specific information will be kept confidential.

Race/Ethnicity ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Native Hawaiian/
Pacific Islander

☐ I am a Veteran. ☐ I am the spouse of a Veteran. ☐ I live alone. ☐ Head of Household

Branch of Service: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy / Years Served: _____ to _____

Monthly Household Income: ☐ \$0 - \$816 ☐ \$817 - \$1,021 ☐ \$1,022 - \$1,375 ☐ More than \$1,376

For Office Use Only: Rcvd _____ Ck# _____ Renewal Dt _____
Date / Initials (or Cash or CC or discounted) MM/YY

RELEASE OF LIABILITY FOR MEMBER'S PARTICIPATION IN ACTIVITIES, PROGRAMS AND EVENTS
SPONSORED BY THE CITY OF PORTAGE, PORTAGE ZHANG SENIOR CENTER

This Release of Liability ("Release") executed on **(date)** _____ by **(name)** _____, who is a member of the City of Portage, Portage Zhang Senior Center ("Member"), hereby releases the City of Portage, a Michigan municipal corporation, and the City agents and elected officials. Member acknowledges he/she may register for various activities, programs and events sponsored by City such as, but not limited to, bus trips, tours, exercise programs, walks, yoga, sporting and physical exercise activities, and others (collectively referred to as the "Activity") and agree to the following:

- A. In consideration of my participation in the Activity, I, the Member, do release and forever discharge and hold harmless City from any and all liability, claim or demand, of whatever kind or nature, either in law or equity, (including those which are or may be exceptions to governmental immunity and /or caused by City's own negligence), I have, or may have, against the City, of bodily injury, personal injury, illness, death or property damage that may result from my participation in the Activity.
- B. I further understand that I am participating in the Activity voluntarily with knowledge of the possible risks, inherent or otherwise, associated with the Activity and hereby expressly assume the risk of injury or harm. I agree that I am physically fit to participate in the Activity and have not been advised otherwise by a qualified medical person.
- C. I understand the hazards of the novel coronavirus (COVID-19) and its variants, and am familiar with the Centers for Disease Control (CDC) and prevention guidelines regarding this disease. I acknowledge and understand that the circumstances regarding this disease are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates. I will adhere to CDC guidelines, and regardless of the risks associated with COVID-19 and its variants, which I readily acknowledge, I hereby willingly choose to participate in the Portage Zhang Senior Center activities. I fully assume the risk of illness or death related to this disease arising from my being on the premises and participating in the activities.
- D. I hereby release and forever discharge the City from any claim which arises, or may hereafter arise, on account of any first aid treatment or other medical services rendered in connection with an emergency during my participation in the Activity and consent to receive medical treatment which may be deemed available in the event of injury, accident and/or illness.
- E. I hereby grant the City all right an interest in all photographic images, video and/or audio recordings made by City during the Activity. I consent and authorize the use/reproduction of photographs, video and/or audio of me without compensation. All negatives, positives and prints shall solely be the property of the City.
- F. This Release is for myself, my executors, administrators, heirs, next of kin, guardians, successors and assigns.
- G. This Release shall be effective for as long as I remain a member in the Portage Zhang Senior Center or participate in Activities, including any renewals of membership.

Member Name (please print): _____ **DOB:** _____

I hereby certify that I have read this Release and understand and agree to its content.

Signature: _____ **Date:** _____

For Office Use Only: PZSC Staff Name (please Print): _____ Date: _____