9810 Halls Ferry Rd.

P.O. Box 4113

St. Louis, MO 63136

# APPLICATION FOR MEMBERSHIP

## Membership in Celebrity Seniors *Healthy Life Choices* is open to individuals 50 years and older. Complete the entire application and sign the Waiver of Release of All Claims on the reverse side. Return the application to the above address with the $30 Annual Dues. Make your check or money order payable to Celebrity Seniors.

 Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Last Name First MI*

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Apt #*

City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_

Home Phone ( ) \_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender \_\_\_ Birthday: Month\_\_ Day\_\_\_ Marital Status \_\_\_\_\_

**In case of emergency, notify:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone \_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_

 Name of current or former employer

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Would you be interested in volunteering in a Celebrity Seniors program? If yes, circle it.*

 Celebrity Seniors **Volunteer Program** (eligible age 21 and older) Y / N

 Celebrity Seniors **Healthy Life Choices Program** (eligible age 50 and older) Y/ N

Do you have a special skill that would benefit the Celebrity Seniors? Y/ N

If yes, list skills below:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Programs**

*(Circle one or more)*

Membership Community Outreach Public Relations

Hospitality Celebrity Committee Chair Finance

Fundraising Bylaws/Policies Nomination

Program Facilitator Craft Instructor Speaker's Bureau Travel Planning Other \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are under a doctor’s care, what are your physical limitations that prohibit walking or standing for more than 30 minutes? Y/ N/ Not applicable

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGN REVERSE SIDE**

**WAIVER & RELEALASE OF ALL CLAIMS**

**St. Louis Celebrity Seniors, Inc.**

Please read this form carefully and be aware that in participating as a volunteer you will be waiving and releasing all claims against St. Louis Celebrity Seniors, Inc., its directors, officers, employees and agents for injuries of property damage you might sustain arising out of any program participation.

**ACKNOWLEDGEOF RISK OF INJURY CLAUSE**

As a participant in programs, I recognize and acknowledge that there are certain risks of physical injury and property damage and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

**WAIVER OF CLAIMFOR INJURY CLAUSE**

I agree to waive and relinquish all claims I may have as a result of participating in the programs against St. Louis Celebrity Seniors, Inc.

**RELEASE FROM LIABILITY CLAUSE**

I do hereby fully release and discharge St. Louis Celebrity Seniors, Inc. from any and all claims from injuries, including death, damage or loss which may accrue to me on account of my participation in the programs.

**INDEMNITY AND DEFENSE CLAUSE AND CLAIMS**

I further agree to indemnify and hold harmless and defend St. Louis Celebrity Seniors, Inc. from any and all claims resulting from injuries, including death, damages and losses sustained by me arising out of, connected with, or in any way associated with the activities of the programs.

**I have read and fully understand the above Waiver and Release of All Claims.**

**Member’s Name**

**Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_**

**Witness Name**

**Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY**

Check Membership Level

Active Membership$ \_\_\_\_

Associate Membership$\_\_

Amount Enclosed $ \_\_\_\_

Date Processed \_\_\_\_\_\_\_

##### Rev. 12/14