



Membership Application

PLEASE PRINT

Name: _____ Phone: _____

Address: _____

City/Prov/Postal Code: _____

E-Mail: _____

Emergency Contact: _____ Phone: _____

In consideration, and as a condition of my use of the facilities and my participation in the activities and programs available at the Stepping Stone Senior Centre Inc. (SSSC), I do hereby waive, release and forever discharge SSSC and its respective officers, directors, employees and program facilitators from any and all responsibility and liability for injuries or damages resulting from any use or participation by me.

I voluntarily sign this waiver and release liability on behalf of myself and my personal representatives, heirs and next of kin.

Volunteer Opportunities

- Greeter: Morning or afternoon at Front desk
- Special Events
- Committees at the Centre

Signature _____

Date _____