



## Membership Application

\$20.00

**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 understand and acknowledge that no element of care-giving services is available at Stepping Stone Senior Centre or provided as part of any of its programs or activities.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Would you like to help by Volunteering? YES or NO**