

BROKEN ARROW SENIORS, INC.

1800 South Main Street
Broken Arrow, Oklahoma 74012
(918) 259-8377

Members must be 55

New Member _____ Renewal _____

Card DB

Membership Form

Member Name: _____ Date _____

Gender: M _____ F _____ Date of Birth _____ Is Spouse a Member? Y N Spouse's Name _____

Street Address: _____

City, State, Zip: _____

Home phone: _____ Cell phone: _____

E-Mail: _____ Prefer newsletter by email? Y N

I am: Caucasian _____ African American _____ Asian _____ Hispanic _____ Native American _____ Other _____

Marital Status (check one): Single: _____ Married: _____ Widowed: _____ Divorced: _____ Other: _____

I currently live (check one): Alone _____ With my spouse _____ With my children _____ Assisted _____ Other _____

Are you handicapped? Y N Drug Allergies? Y N If YES, please explain _____

Daily medications _____

Do you have any health issues? _____

Doctor's Name _____

Will you need transportation to and from the activity center? Y N

Would you be willing to serve as a volunteer at the center? Y N

Honorarium (Free!) _____ **Note: Honorary Members must be 90 years of age or older**

How did You Hear about us? _____ Member Signature _____

PLEASE CONTINUE ON OTHER SIDE

Primary Emergency Contact that Broken Arrow Senior Center should contact:

Name: _____ Relation: _____ Phone Number (area code): _____

Address: _____ City: _____ State: _____ Zip: _____

Secondary Emergency Contact that Broken Arrow Senior Center should contact:

Name: _____ Relation: _____ Phone Number (area code): _____

Address: _____ City: _____ State: _____ Zip: _____

Thank You for Your Membership!

Waiver and Assumption of Risk

I, _____, participant of Broken Arrow Seniors, Inc., 1800 S. Main Broken Arrow, Ok 74012, do voluntarily sign this waiver and assumption of risk. This includes any and all activities.

I am fully aware that there are certain risks and dangers associated with the facilities, instructions, equipment and/or activities that cannot be eliminated regardless of the care taken to avoid injuries and that these risks and dangers have been fully explained to me. I fully understand the risks and dangers involved. I assume the risks and dangers involved and agree to use my best judgment in undertaking these activities and agree to follow all safety instructions. I waive, release, covenant not to sue and agree to indemnify and hold harmless BASI from any claims, actions, suits, costs, expenses, damages or liabilities, including any attorney’s fees for personal injury, property damage, accidents, illnesses, death, or any incidental damages that may arise from my use of the facilities or equipment or from my participation in the activities or receipt of instruction.

I am a competent adult and I assume these risks of my own free will. I have read this waiver and assumption of risk and I understand its terms. I understand that I am giving up substantial rights and I acknowledge that I intend by my signature that this be a complete and unconditional release of all liability to the greatest extent allowed by law.

Your photo may be taken during events. By signing, you grant Broken Arrow Seniors Inc. permission to use your photo for publicity purposes.

_____ Print name

_____ Signature

Staff Member _____

_____ Date signed.