



MEMBERSHIP RENEWAL

Membership Type: Single \$25.00 Joint \$40.00 Over 90 Free

Complete your name and add or update any information if changed.

Member #1

Name: _____ Birthdate: _____

Email Address: _____ Phone: _____

Address: _____
Street City State Zip

Member #2

Name: _____ Birthdate: _____

Email Address: _____ Phone: _____

Address: _____
Street City State Zip

Emergency Contact _____
Name Phone

Return this form with payment to:

Auburn Senior Center
550 High Street
Suite 107
Auburn, CA 95603
530-823-8172

Additional Information Needed:

Are you a Veteran? Yes No

Are you interested in volunteering? Yes No

What are your interests? _____

Note:

If you are over 90, please update any information above and return this form to the address shown.

FOR OFFICE USE ONLY

Date: _____ Amount Paid: \$ _____

Check # or "Cash" _____

Receipt # _____



MEMBERSHIP RENEWAL

CODE OF CONDUCT

The Auburn Senior Center is committed to honoring the dignity of seniors by enriching your quality of life while supporting your independence and vitality. Participation in all aspects of community life is promoted by providing opportunities for socialization, recreation, education, information, health and fitness.

Please assist us in honoring this commitment by following our Code of Conduct.

- Verbal or physical abuse including but not limited to, acts of violence, disrespect for authority, un-sportsmanlike conduct, or use of foul language or gestures will not be tolerated.
- Please show respect in all of your interactions with others.
- Please do not engage in disruptive behavior that interferes or affects the well-being of others.
- Please show respect for the Center and all of the material and equipment within it. Misuse or abuse of the facility or equipment will not be tolerated.

Initial Participant #1: _____

Initial Participant #2: _____

DENIAL OF SERVICE

If a participant acts in a way deemed to be disruptive to the rest of the participants or the overall operation of the Auburn Senior Center, the participant shall be asked by Center staff or volunteer to leave the facility immediately and not return for the remainder of the day. The Executive Director will be notified. The disruptive participant will not be allowed into the Auburn Senior Center for seven calendar days after the first offense.

Upon the second offense, the participant will not be allowed back into the Auburn Senior Center until he/she meets with the Executive Director to discuss appropriate behavior and possible solutions.

If the behavior persists, the matter will be taken to the Auburn Senior Center Board President, or his/her designee, who will determine any further participation. If the participant is no longer able or willing to behave in an appropriate manner, as determined by the Auburn Senior Center Board President and Executive Director, written denial of continued participation will be given.

If the offense is to such a degree as to be deemed "egregious" by Auburn Senior Center staff the participant will be asked to leave the facility immediately. A written notice will be delivered within 5 business days of the denial of continued participation decision. The participant has the right to appeal the decision. Offenses considered egregious include, but are not limited to, the following:

- Deliberately harassing, threatening, and causing physical or verbal harm to other persons.
- Deliberate destruction or theft of Auburn Senior Center property.

Initial Participant #1: _____

Initial Participant #2: _____

APPEAL PROCESS

A participant wishing to appeal a denial of continued participation at the Auburn Senior Center must submit a written request to the Board President or his/her designee, within 10 business days of the denial notification date. Auburn Senior Center staff will respond within 10 business days of receipt of the appeal letter.

Initial Participant #1: _____

Initial Participant #2: _____



MEMBERSHIP RENEWAL

PHOTOGRAPH AND AUDIO/VIDEO RECORDING WAIVER

By entering and by my presence here, I consent to be photographed and/or audio/video recorded. I understand my entry gives permission to the Auburn Senior Center to use my likeness in all forms and media for promotion, advertising, trade and any other lawful purposes. I understand that all photography will be done in reliance on this consent given by me entering this area. **I understand if I do not agree to the foregoing, I will notify Auburn Senior Center staff at time of photography or recording.**

I understand that I will not be paid or receive anything related to Auburn Senior Center's use of my photograph and/or recording. I understand that all photographs and recordings will remain the property of the Auburn Senior Center and I acknowledge the Center's right to alter or edit any photographs and/or recordings at its discretion. I agree to release the Auburn Senior Center from any and all illegal claims I or a third party may have arising from the use of my photograph and/or audio/video recording.

Initial Participant #1: _____

Initial Participant #2: _____

PARTICIPANT'S WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

The undersigned hereby releases and discharges Volunteers for the Multipurpose Senior Center (Auburn Senior Center) for any and all claims for personal injury, death or property damage which I may have, or which may hereafter occur to me as a result of participation in activities. This release is intended to discharge in advance the officers, officials, employees, and agents of the Auburn Senior Center from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that activities involve an element of risk and danger or accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of my wrongful death, personal injury or property damage that I may sustain while participating activities.

Signature of Participant #1

Date

Signature of Participant #2

Date