



**Office Use Only**

- Quarter 1 (Jan-Mar) \$24.00
- Quarter 2 (Apr-Jun) \$18.00
- Quarter 3 (Jul-Sep) \$12.00
- Quarter 4 (Oct-Dec) \$6.00

Paid Date: \_\_\_\_\_

Receipt No. \_\_\_\_\_

## Platteville Senior Center Membership Application

- Senior Center Membership is \$24.00 (payable at Platteville Town Hall) per calendar year and entitles you to any programs, activities or trips (including Casino trips) with the Platteville Senior Center.
- Fees will be broken down by quarter and memberships will expire on December 31<sup>st</sup> of each year.
- Center members will still be responsible for any activity entrance fees, lunch costs, gambling monies or other misc. fees stated by the Senior Coordinator.
- Membership also entitles members to free access at the Platteville Fitness Center. (You will still need to fill out a waiver with the Town of Platteville to utilize those facilities.)
- Applicants must reside in Weld County and be age 50+ to become a member.
- If membership fees present a financial hardship, please contact the Senior Coordinator to see about a limited number of grants available to cover membership costs.
- **Please Note:** You do NOT need to become a member of the Platteville Senior Center to participate in the “Friendly Fork’ Senior Nutrition Program sponsored by the Weld County Area Agency on Aging. Anyone 60+ may participate in the meal program.
- **Contact the Platteville Recreation/Senior Director 720-815-8136 for any questions, concerns or comments.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

How did you hear about us?

What activities are you interested in doing at the Senior Center?

Are there any Senior Services that you would like information about?

**LIABILITY RELEASE AND INDEMNIFICATION**

***READ CAREFULLY***

BY SIGNING BELOW, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE TOWN OF PLATTEVILLE AND ITS OFFICERS, EMPLOYEES, AGENTS, CONSULTANTS, SUBCONTRACTORS, INSURERS, ATTORNEYS AND REPRESENTATIVES (COLLECTIVELY THE "TOWN"), FOR ANY LOSS, DAMAGE OR INJURY TO MYSELF OR MY PROPERTY, OR TO OTHERS OR THEIR PROPERTY, WHICH IS IN ANY WAY RELATED TO MY USE OF THE PLATTEVILLE COMMUNITY CENTER OR MY PARTICIPATION IN RECREATION OR OTHER PROGRAMS OFFERED BY THE TOWN.

THIS RELEASE OF LIABILITY APPLIES TO ME AS WELL AS ANY OF MY CHILDREN, PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN. IF THE PARTICIPANT IS UNDER THE AGE OF 18, BY SIGNING BELOW, I STATE THAT I AM THE PARENT OF THE PARTICIPANT AND AM SIGNING THIS RELEASE ON THE PARTICIPANT'S BEHALF PURSUANT TO C.R.S. § 13-22-107(3).

I AUTHORIZE THE TOWN IN A MEDICAL EMERGENCY TO SEEK EMERGENCY MEDICAL ASSISTANCE AT MY EXPENSE.

I GIVE PERMISSION TO THE TOWN TO USE ANY PHOTOGRAPHS, VIDEOTAPE OR OTHER MEDIA RECORD OF MY PARTICIPATION IN TOWN PROGRAMS FOR ANY LAWFUL PURPOSE, WITHOUT COMPENSATION.

I UNDERSTAND THAT THE TOWN IS PROTECTED BY THE COLORADO GOVERNMENTAL IMMUNITY ACT, C.R.S. § 24-10-101, ET SEQ.

I HAVE READ THE ABOVE WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN THIS WAIVER AND RELEASE VOLUNTARILY.

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Signature

Date

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Printed Name

Phone Number