



2021 Annual Membership Form

Processed by _____
Sheet # _____
Date input _____

PLEASE **PRINT** LEGIBLY

Today's Date: _____

Member 1: _____ Member 2: _____

Date of Birth: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Home: _____ Home: _____

Cell: _____ Cell: _____

Email 1: _____ Email 2: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

I would like to donate to the **USS Golden Fund** to help other Clark County seniors afford memberships, programs and services. **Amount of Gift \$** _____

- New Member - Clark County (\$15) New Member - Out of County (\$50)
- Renewal - Clark County (FREE for 2021) Renewal - Out of County (\$50)
- Associate - Aide to a Member or Travel (\$15)

Payment Method: Cash _____ Check _____ (payable to USS) Credit Card _____

Please send my CENTER PAGE NEWSLETTER to my EMAIL (saves \$)

I HAVE READ THE "AGREEMENT AS TO CONDUCT AND WAIVER OF LIABILITY" (ON BACK OF PAGE) AND VOLUNTARILY EXECUTE THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT. I HAVE ALSO READ AND SIGNED THE SUPPLEMENTAL CORONAVIRUS/COVID-19 WAIVER, ATTACHED, WITH FULL KNOWLEDGE OF ITS CONTENT.

Member 1 Signature

Member 2 Signature

Date: _____

Date: _____

AGREEMENT AS TO CONDUCT

As a condition of membership, I agree to comply with all rules, regulations, and policies of United Senior Services (USS) regarding its travel and wellness programs, activities and events and the use of its facilities and equipment. While on USS premises or participating in USS programs, activities and events, I shall conduct myself in a civil and reasonable manner at all times. I understand my membership can be rescinded by USS management if I do not comply with all USS rules, regulations and policies.

As used herein and in the following Waiver of Liability, “facilities” and “premises” shall include not only the principal location of USS but also its satellite facilities and parking lots and areas.

WAIVER OF LIABILITY

In consideration of my participation in USS travel and wellness programs, activities and events and use of USS facilities and equipment:

- I agree, on behalf of myself, my heirs, executors, administrators, and assigns, that USS, its employees, officers, directors, agents, associates, volunteers and subcontractors, shall not be liable for any damages arising from personal injuries (including death) sustained by me as a result of the use of the equipment or facilities of USS or while participating in USS programs, activities and events.
- I agree to indemnify and hold USS harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages caused by me with respect to the use of the facilities and equipment of USS or while participating in USS programs, activities and events.
- I agree to be held solely responsible for my safety and well-being and understand that USS does not provide supervision or assistance for the use of the facilities and equipment. I understand and acknowledge that the use of equipment and facilities involves risk of serious injury and agree to refrain from using any equipment in a manner inconsistent with its intended design and purpose.
- I agree to be held solely responsible for my safety and well-being and understand that USS does not provide medical care, supervision or assistance during USS activities and travel. I understand and acknowledge that decisions about my physical and mental ability to participate in such activities and travel are personal. I further understand and acknowledge that I may be denied participation by USS staff or USS independent contractors at their sole discretion if there are concerns regarding my safety or well-being.
- I understand and agree that USS is not responsible for personal property that is lost, stolen, or damaged while at the principal location of USS or any satellite location, parking lot or area or while participating in USS programs, activities and events.

[Type here]

***United Senior Services Center Policies and Procedures are available to all members.
Please see any staff person to answer a question or to request a copy.***

SUPPLEMENTAL CORONAVIRUS/COVID-19 WAIVER OF LIABILITY

PARTICIPATION ASSUMPTION OF RISK, RELEASE, WAIVER, AND DISCHARGE

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. It is believed that an asymptomatic individual can be infected with and transmit COVID-19 without their knowledge.

United Senior Services (“USS”) has put in place preventative measures to reduce the spread of COVID-19; provided, however, USS cannot guarantee that you, your guests, or anyone else will not become exposed to or infected with COVID-19 as a result of participating in a USS-sponsored activity, program or event. Participation in a USS-sponsored activity, program or event could increase the risk of contracting COVID-19.

In consideration of being permitted to participate in activities, programs and events offered by USS, I understand, acknowledge, and agree to the following:

I have independently evaluated and reviewed the risks of being exposed to or infected with COVID-19 and have decided to participate in one or more USS-sponsored activities, programs, or events, with full knowledge and acceptance of the risk. Fully understanding these risks, I, for myself, my child(ren), my spouse, my legal representatives, heirs, and assigns, hereby agree to assume full responsibility and liability for the risk of bodily injury, illness, permanent disability, and/or death which may result from exposure to or infection with COVID-19 before, during, or after participating in an activity, program, or event.

I, for myself, my child(ren), my spouse, my legal representatives, heirs, and assigns, hereby waive, release, and discharge USS, its officials, employees, volunteers, attorneys, and agents from any and all liability to me, my child(ren), my spouse, my legal representatives, heirs, and assigns, for any and all losses or damages resulting from bodily injury, permanent disability, and/or death, which claims, losses, and demands arise during, or result directly or indirectly from exposure to or infection with COVID-19 before, during, or after participating in a USS-sponsored activity, program, or event

Signature of Participant

Date

Print Name of Participant