



Membership Card Application

First Name _____ Last Name _____
Nickname _____ D.O.B _____
Home Phone _____ Cell Phone _____
Gender _____ Ethnic Status _____
Email Address _____ (for statistical purposes only)

Address _____ Apt. Number _____
PO Box _____ Town _____
Zip Code _____

Do you wish to be subscribed to our monthly newsletter electronically?
 YES (Your email will be registered with ourcommunityonline) NO (You can request a copy to be mailed)

Disabilities or Medical Conditions _____
Allergies or other important information _____

Please mark any that apply:
I Live alone _____ I require help in environmental emergency* _____
*By informing us that you need help in an environmental emergency, you are permitting us to share your information with emergency responders, Hingham Fire Department and Hingham Police Department. Complete Exceptional Needs Registry Form.

Emergency Contact Person (Required) _____
Relationship _____ Phone _____

Indicate any of the following areas you would like to learn more about and a staff person will follow up with you:
Volunteer Opportunities _____ Resources, Information and Referral _____
Congregate Lunch _____ Tax Work Off _____
Transportation _____ Other: _____

We are always looking for talented seniors to lead new programs. Do you have a particular skill or talent you would like to share?

Turn page over to complete the consent form and release from liability and indemnity. Signing the consent and release is a condition to participate in programs and services.

Consent Form and Release from Liability and Indemnity Agreement

I/We the undersigned, being a participant (the "Registrant") in a Town of Hingham Elder Services Department Program ("Program") sponsored by the Town of Hingham hereby agree as follows.

I/We recognize the risk of personal injury, fatality or property damage which could result from participation in Programs hereunder. I/We also acknowledge that I/WE may not participate in Programs hereunder unless I/We waive all claims which I/We may have arising from participation in Programs hereunder. I/We agree to forever RELEASE the Town of Hingham, a municipal corporation of the Commonwealth of Massachusetts, and all its employees, officers, officials, agents, board members, volunteers and any and all individuals and organizations assisting or participating in Programs hereunder ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injury or fatality or property damage resulting from participation in Programs hereunder which I/We may now or hereafter have as the Registrant.

I/We also promise to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injury or fatality or property damage resulting from participation in Programs hereunder.

I/We further affirm that I/We have read this Agreement and that I/We understand the contents of this Agreement. I/We understand that participation in Programs hereunder is voluntary and that I/We are free to choose not to participate in said Programs. By signing this Agreement, I/We affirm that I/We have decided to voluntarily participate in such Programs hereunder with full knowledge that the Releasees will not be liable to anyone for personal injury, fatality or property damage that I/we may suffer as a result of any activities associated with participation in Programs hereunder.

THE UNDERSIGNED REGISTRANT HAS READ AND VOLUNTARILY SIGNS THIS AGREEMENT AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

SIGNING THIS FORM IS A CONDITION TO PARTICIPATING IN PROGRAMS.

Signature

Date

Print Name

Address