

McKEE HOUSE SENIORS SOCIETY

MEMBERSHIP APPLICATION

Membership No. D

ANNUAL MEMBERSHIP

Expires 365 days from date of purchase

PLEASE COMPLETE THE FOLLOWING:

NEW

RENEWAL

LAST NAME: _____ FIRST NAME _____

MR.

MRS.

MS.

Email: _____

Provision of my email constitutes agreement to receiving periodic emails from McKee concerning McKee business and news. I may unsubscribe at any time.

Phone:_(____)_____ Cell:_(____)_____

Street Address: _____

Apt. _____

City: _____ Postal Code: _____

BIRTH DATE:

MONTH _____ DAY _____ YEAR _____

NOTE: Upon request your proof of birth date may be required.

IMPORTANT!!:

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____

PHONE: _____

RELATIONSHIP: _____

APPLICANT'S

SIGNATURE: _____

DATE: _____

Year Month Day

If you would like to volunteer, please complete a separate Volunteer Application at the Front Desk. Thank you.

Please Fill Out Waiver Form On Reverse Side

OFFICE USE ONLY

2025
Expiry Date

2026
Expiry Date

2027
Expiry Date

2028
Expiry Date

2029
Expiry Date

2030
Expiry Date

2031
Expiry Date

2032
Expiry Date

2033
Expiry Date



McKee Seniors House Society
5155 47 Avenue, Delta, BC V4K 0A2
Phone: 604-952-3645

LIABILITY WAIVER AND INDEMNITY AGREEMENT

[By signing this as a Member, you will waive certain legal rights]

McKee Seniors Society (hereinafter the "Society"), its directors, officers, volunteers, independent contractors, and elected officials, officers and employees of the Corporation of Delta (hereinafter the "City"). [Collectively the "Releasees"]

Preamble:

1. The City owns the building. The Society has a license agreement with the City to carry out its seniors' programs and activities in the building maintained by the City. The Society carries its own liability insurance. The City is a named insured.
2. The building is open to the general public and to members and guests. Individuals accessing the building do so at their own risk.
3. A paid membership is required for participation in programs and activities and certain Clubs organized by the Society.
4. Our fitness instructors all carry "Senior Certified Accreditation" and the Society stresses the posted awareness of the PAR-Q seven questions for participants.
5. The Society is mindful of the continuing need for insurance risk management measures.

Assumption of Risks:

By signing this agreement, the participant acknowledges and accepts the risks inherent in the use of the Society's services and facilities and voluntarily assumes the risk of injury, accident, death, loss, or damage to his or her person or property which might arise from use of the Society services and RELEASES the Society, its officers, agents, employees, instructors or assigns from all claims and liabilities. Participant further certifies that he or she is in good physical health and is able to undertake and engage in the physical exercise or sports activities in which he or she chooses to participate. The Society urges all individuals to consult with their personal physician before beginning any type of exercise program.

SIGNATURE _____ DATE _____

Print Name _____

Witnessed by: _____