



# Owasso Community Center

301 South Cedar • Phone 918.272.3903 • Fax 918.272.1816

## MEMBERSHIP FORM

### **PARTICIPANT INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I would like more information regarding the Senior Nutrition Program. Yes No

### **EMERGENCY CONTACT**

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

### **PERMISSION FOR USE OF VIDEO & PICTURES:**

I give permission for video and photographs to be taken of me during event/s at the Owasso Community Center. I understand that video and pictures may be shown at Center events and/or posted on Community Center publications.

### **LIABILITY, RELEASE & MEDICAL ATTENTION:**

My permission is granted for Owasso Community Center, staff, or sponsors in charge to obtain necessary medical attention in case of sickness, injury, or accident for me, and that any expenses incurred are my responsibility. The Community Center will not be held liable for the loss of money or other personal items that may be lost or missing. Any damages or losses caused by me, individually or with a group, shall become my responsibility. In consideration of your accepting me for participation in the activities of the above mentioned group, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization. By signing below, I acknowledge and accept the risks of physical injury association with participation in any events. Except for gross negligence on the part of the sponsor, I accept personal financial responsibility for any bodily or personal injury sustained during all activities.

I understand and agree to the listed rules, guidelines, liability, and release at the Owasso Community Center event/classes and verify that all information needed from me on this form is correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_