



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

**JEFFERSONTOWN  
SENIOR CENTER**

**STAYING ACTIVE AFTER 50**

**A SOCIAL ACTIVITY CLUB FOR ACTIVE & INDEPENDENT ADULTS**

10631 Watterson Trail ● Jeffersontown, KY 40299 ● (502) 267-9112

**MEMBERSHIP APPLICATION**

Membership dates are July 1-June 30. Fee is \$50 per year. J-Town residents are eligible for a discounted rate of \$40 per year. (Sorry, no pro-rate if joining mid-year).

Cash or check are only acceptable forms of payment. Checks may be made payable to JSC.

**Please read participation requirements on back page and sign & date your acknowledgement.**

PLEASE NOTE: Members are expected to be fully independent and capable of taking care of all their own needs. If a member becomes incapable of the aforementioned, they may be asked to bring a caregiver to remain with them the entire time they are at JSC. The caregiver will also have to become a member of JSC.

JSC reserves the right to revoke membership for any reason, including but not limited to: the inability, in JSC's opinion, to adequately tend to one's own needs, nuisance behavior or inappropriate conduct. In such instance, Member may request reimbursement for some or all their annual membership fee. A determination will be made by JSC's administration of how much, if any, refund of annual membership fee is due to Member.

<b>NAME:</b>	<b>EMAIL:</b>
<b>STREET ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	<b>HOME PHONE:</b>
<b>DATE OF BIRTH:</b>	
<b>Are you a JEFFERSONTOWN resident? circle one: YES or NO</b>	<b>CELL PHONE:</b>
<b>Are you a veteran?</b>	
<b>If yes, thank you for your service! May we ask which branch?</b>	

<b>#1 EMERGENCY CONTACT Name:</b>	<b>Relation:</b>
<b>Cell Phone:</b>	<b>OTHER Phone(s):</b>

<b>#2 EMERGENCY CONTACT Name:</b>	<b>Relation:</b>
<b>Cell Phone:</b>	<b>OTHER Phone(s):</b>

**OFFICE USE ONLY**

**PLEASE REVIEW NEXT PAGE AND SIGN/DATE WHERE INDICATED**

THIS IS A RELEASE



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**Release, Indemnity and Hold Harmless Agreements**

**General Participation, Physical Activities & Equipment**

I am fully aware of and appreciate the general risks associated with participation in typical daily facility activities, day trips and travel, participation in physical activities (including, but not limited to the following listed activities and equipment: aerobic exercise, exercise classes, walking in Armstrong Recreation Center, line dancing, personal use exercise equipment including stationary bikes, hand weights, gym equipment, treadmills, cardio fit equipment and all other equipment used by me). I understand that I am solely responsible to decide whether I am physically capable to undertake any activities.

I further represent that I have not relied upon any training, demonstrations, or other aid in the use of the above-mentioned equipment and/or physical activities from the City of Jeffersontown, Kentucky, its agents, servants and/or employees, including but not limited to Jeffersontown Senior Center (JSC).

For and in consideration of the use of this equipment and participation in all physical activities, the undersigned hereby releases, relinquishes and covenants not to bring legal suit against the City of Jeffersontown, Kentucky, its agents, servants, and/or employees as the result of any injuries and/or claims arising out of said use of the here in above named equipment and physical activities.

I further agree to hold said City of Jeffersontown, Kentucky, its agents, servants and/or employees harmless from and against any claims, suits, causes of action, awards or judgments arising out of said equipment and physical activities, and to indemnify it for all costs and expenses, of any kind or character.

This release is binding on my heirs, successors, assigns and personal representatives and me.

**Social Media Notification & Participation**

I understand that JSC and its members may participate in social media sites, which may include Facebook and similar outlets recognized to be social media. I understand that there may be social media postings, which may include images of individuals who are visiting and/or participating in activities at JSC. I hereby acknowledge that my image(s) may be captured during public activities at JSC and give permission for such images to be used.

This release is binding on my heirs, successors, assigns and personal representatives and me.

**Contagious Diseases and Assumption of Risk and Responsibility**

Acknowledging the devastating effects of the Covid pandemic, we encourage all our participants to practice recommended guidelines for hygiene and not to attend or participate in activities if you have a fever, or are experiencing any symptoms of what may be a contagious virus, to include, but not limited to flu-like symptoms.

JSC members are responsible for their own safety and must show consideration for the safety of other members. I agree to take full responsibility for my own actions, safety, and welfare.

This release is binding on my heirs, successors, assigns and personal representatives and me.

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

THIS IS A RELEASE

05/01/23