



2026 SENIOR CENTER MEMBERSHIP FORM

MEMBERSHIP REGISTRATION **1/1/2026-12/31/2026**

ANNUAL FEE - AGES 50-84: \$30.00/AGES 85+: FREE (*annual fee is non-refundable*)

MEMBER INFORMATION (PLEASE PRINT)

First Name: _____ MI: _____ Last Name: _____

Date of Birth: ____ / ____ / ____ Age: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

The monthly newsletter will be emailed, so please provide an email address that you will review.

EMERGENCY CONTACT INFORMATION (PLEASE PRINT)

Name: _____ Relationship: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Name: _____ Relationship: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

In case of an emergency, medical response will be called and you may be transported to the nearest hospital.

Name of Requested Medical Facility : _____ Phone Number: _____

Do you have any medical conditions we should be made aware of?

INTERESTS

What are some classes/services you would like to see offered?

DONATIONS

The Senior Center is dedicated to serving seniors of the City of Pinole. Donations help the Senior Center continue to provide numerous activities, programs, and the ability to expand services.

Senior Center Donation \$ _____

SIGNATURE ON NEXT PAGE

FOR OFFICE USE ONLY

2026 Membership # _____ Form of Payment: CASH CHECK CC PMT ID # _____

LIABILITY WAIVER

Liability Waiver States:

- 1) Participants understand that participation in activities may involve the risk of harm.
- 2) With knowledge of the potential risks involved, participants must sign this waiver, releasing and discharging the City of Pinole or City of Pinole officials, officers, employees, agents, volunteers, or appointees, including, without limitation, appointees sitting as Youth Commission Members and Community Services Commission Members ("Indemnities"), from any and all claims arising from my participation in City of Pinole Community Services Department activities, except when such claims arise from the gross negligence or willful acts of the Indemnities.
- 3) Participants signatures certify that they are physically and mentally capable of participating in Pinole Community Services activities at or sponsored by the City of Pinole and the Pinole Senior Center.
- 4) Participation in these Activities is done so willingly and voluntarily. Participants assume full responsibility for any and all injuries and any expenses related to such injuries sustained. Participants assume full responsibility for damage to or loss of their own personal property that may occur during City of Pinole Activities.

Emergency Medical Treatment:

In the event of an injury in connection with the City of Pinole Recreation activities, the participants sign-in signature provides consent to emergency medical treatment provided by a licensed physician, paramedic or other medical provider. Such care may be given under any conditions necessary to preserve my life, limb and/or well-being. Participants agree to hold all such medical providers rendering such emergency medical treatment harmless in connection with such efforts on my behalf. Participants understand that the cost thereof will be at their expense.

Code Of Conduct:

During time spent at the Senior Center Facility, participants are bound by the Senior Center Code of Conduct. Participants must also abide by all other City of Pinole, Pinole Community Services Department, and/or Pinole Senior Center policies and procedures. Any behavior on the part any participant contrary to the Code of Conduct may result in dismissal from the activity and facility. A full printout of the Code of Conduct is available at the front desk.

Photo Consent:

I acknowledge that the City of Pinole takes photographs and videotapes of its activities and events for publicity purposes and authorize the use of my image by the City for such purposes. I understand I will not be compensated for use of such photos or videos.

Member's Signature: _____ **Date:** _____

By signing this form, I acknowledge that I have read, understand, and will abide by the Pinole Senior Center Membership Registration Requirements and Code of Conduct.