

# Wallaceburg Adult Activity Centre



2024

## Membership Form

**Annual Membership Fee: \$45 (Jan 1-Dec 31) If renewing before Dec 31: \$40**

### Personal Information

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Birthday:** \_\_\_\_\_

### Safety Information

**Allergies:** \_\_\_\_\_  
**Emergency Contact:**  
**Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

### Communication:

- ☐ I would like to receive emails about upcoming events at Wallaceburg Adult Activity Centre and related community information.
- ☐ I would like to have my birthday published in newsletter and on the 99.1 radio station.

### Volunteer Opportunities

- ☐ I would be interested in serving on the Board of Directors in the future.

**I have experience in the following:**

- ☐ Human Resources ☐ Finance ☐ Board Governance/Strategic Planning  
☐ Grant Applications ☐ Marketing ☐ Legal ☐ Other \_\_\_\_\_

- ☐ I am interested in volunteering at the WAAC.

**I would like to help out in the following ways:**

- ☐ Greeter ☐ Website ☐ Program Assistance  
☐ Office Assistance ☐ Off-site Bingo ☐ Other \_\_\_\_\_

### Interests

Please select all programs/activities that are of interest to you

- |                                   |  |  |                                      |
|-----------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Bingo    | <input type="checkbox"/> Crafts          | <input type="checkbox"/> Fitness Equipment | <input type="checkbox"/> Socializing |
| <input type="checkbox"/> Bookclub | <input type="checkbox"/> Dining          | <input type="checkbox"/> Karaoke           | <input type="checkbox"/> Trips       |
| <input type="checkbox"/> Cards    | <input type="checkbox"/> Education       | <input type="checkbox"/> Pickleball        | <input type="checkbox"/> Trivia      |
| <input type="checkbox"/> Choir    | <input type="checkbox"/> Fitness Classes | <input type="checkbox"/> Pool (Billiards)  | <input type="checkbox"/> Wii Games   |
| <input type="checkbox"/> Other    | _____                                    |  |                                      |

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## Demographic Information (Optional):

*The information in this section is completely optional and will only be used to assist the WAAC in program development and grant applications and/or reporting. Your personal details will not be shared.*

### Age Range:

☐ 45-54      ☐ 55-64      ☐ 65-74      ☐ 75-84      ☐ 85+

### Do you identify as any of the following under-represented groups:

☐ Indigenous      ☐ Francophone      ☐ LGBTQ+  
☐ Other \_\_\_\_\_

## Waiver

1. Wallaceburg Senior Citizens Club Inc (operationally referred to as the Wallaceburg Adult Activity Centre) has the right to refuse membership to any individual or group. Members must remain in good standing; meaning adherence to the behavior standards set out by the Centre's Code of Conduct Policy (#2-2) and all other Centre policies. Disciplinary actions will proceed as outlined in the Policy.
2. I and anyone claiming on my behalf release and forever discharge Wallaceburg Senior Citizens Club Inc., and its affiliates, successors and assigns, officers, employees, volunteers, representatives, partners, agents and anyone claiming through them (collectively, the Centre), in their individual and/or corporate capacities from causes of action of any nature and kind, known or unknown, which I may have against the Centre or any Released Parties arising out of or relating to any injury, loss or damage to person and property that may be sustained as a result of participation in the Activity ("Claims").
3. I understand that participation in programs and activities involves inherent risks, including risk of physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent paralysis and/or death, and I assume all related risks and voluntarily participate in these programs and activities.
4. I agree to indemnify the Centre against any and all claims, actions, lawsuits, damages and judgments, including attorney's fees, arising out of or relating to my participation in the Activity.
5. This Release for Participation in Event or Activity ("Release") shall not be in any way construed as an admission by the Centre that it has acted wrongfully with respect to me or any other person, that it admits liability or responsibility at any time for any purpose, or that I have any rights whatsoever against the Centre.
6. I agree to comply with all health and safety protocols as set by the Centre, and/or Medical Officer of Health, including but not limited to social distancing, sanitization, masking, and vaccination. I agree to not attend the Centre or any Centre-hosted program or activity if I am experiencing any symptoms of COVID-19 or other contagious illness. I also release the Centre from any responsibility in the event that I contract COVID-19 or other contagious illness at any Centre-sponsored activity.
7. I understand that, should the Wallaceburg Senior Citizens Club Inc. need to close (fully or partially) for any reason, I am not entitled to any refund of my membership fee. Nor am I entitled to a refund if I relocate or am otherwise unable to utilize the Centre as initially intended. I further understand that, should I pre-register and pre-pay for any programs or activities, I am not entitled to a refund should I be unable to attend the event. In the event that the Wallaceburg Senior Citizens Club Inc. cancels an event for any reason, credit shall be applied for future programs, with the exception of Bus Trip Deposits, which will be provided a full refund.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date