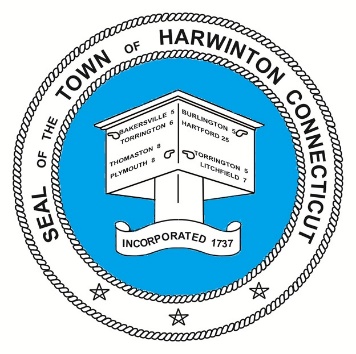
No.\_\_\_\_\_

***HARWINTON SENIOR CENTER MEMBERSHIP 2023***

We look forward to having you share good times with us, both at the Senior Center, 209 Weingart Road, and at our off-site parties.

Dues are $5/year, cash or check payable to “Town of Harwinton”.

Membership year is from January 1-December 31, 2023.

New members are welcome to join at any time during the year.

Completed form & dues may be dropped off or mailed to:

Harwinton Senior Center, 209 Weingart Road, Harwinton CT 06791

The Harwinton Senior Center is open during scheduled programs.

A newsletter with information about upcoming activities is mailed to all

members 3 or 4 times per year.

-------------------------------------------------------------------------------------------------------------

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Check one: New member\_\_\_\_\_ Renewal\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:

Street/PO Box\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_ Zip\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to use of my photo or video to be used for promotional purposes by Town of Harwinton. Initials\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

What town do you reside in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***WAIVER & RELEASE:***I recognize that there are risks of injury involved in participating in senior center and recreational activities conducted by the Town of Harwinton.  Therefore, in consideration of the Town of Harwinton conducting senior center and recreational activities and enrolling myself in such activities and participating in such activities, I do hereby, on behalf of myself and all members of my immediate family, release the Town of Harwinton and its employees and agents from all liability with respect to an injury received as a result of participation in such activities.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_