

MEMBERSHIP APPLICATION

West Medford Community Center  
111 Arlington Street  
Medford, MA 02155



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Please visit our website (<http://wmcc.us/>) for information on membership benefits.

Duration of membership: From (date of membership approval) to (1 year from approval).

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**Individual or Senior Membership:** Please check: new \_\_\_ renewal \_\_\_ Info. Update: \_\_\_

**Annual fee:** Please circle: youth (under 15) -\$15, senior (over 55) -\$20, individual -\$25

Name (first, last)

Email address:  prefer contact/notices by email

Street address:  prefer contact/notices by mail

Street address line 2

City, State

Zip code

Phone number (best contact)

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**Business or Family membership:** Please check: new \_\_\_ renewal \_\_\_ Info. Update: \_\_\_

**Annual fee:** Please circle: Business/Corporate -\$250.00, family -\$100

Business/Organization/Family (last) name

Website (business/organization/ personal)

Primary contact name (first, last)

Primary contact email:  prefer contact/notices by email

Position (business/organization)

Street address:  prefer contact/notices by mail

Street address line 2

City, State

Zip Code

Phone number

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**Additional colleagues or family members covered by membership:**

Name	Email address
<input type="text"/>	<input type="text"/>

Name	Email address
<input type="text"/>	<input type="text"/>

Name	Email address
<input type="text"/>	<input type="text"/>

**For any additional comments, advice or interests, please write in the space below:**

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**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

*In consideration for being permitted to utilize the facilities, services and programs of the West Medford Community Center (hereinafter "Center") for any purpose, including but not limited to observation or use of facilities or equipment, participation in any program affiliated with the Center, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Center for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe, reasonably suited for the purpose of such observation, use or participation. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER AND USE THE CENTER FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH CENTER, THE UNDERSIGNED ON THEIR OWN BEHALF AND ON BEHALF OF THEIR SPOUSE AND, IF UNDERSIGNED IS A PARENT OR GUARDIAN, ON BEHALF OF THEIR CHILDREN OR WARDS HEREBY AGREES TO THE FOLLOWING: 1. THE UNDERSIGNED HEREBY RELEASES, WAIVES DISCHARGES AND COVENANTS NOT TO SUE THE CENTER, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the persons or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participation in any program affiliated with the Center. 2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them for any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the Center premises or in any way observing or using any facilities or equipment of the Center or participating in any program affiliated with the Center whether caused by the negligence of the releasees or otherwise. 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the Center and/or while using the premises or any facilities or equipment thereon or participation in any program affiliated with the Center. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the laws of the state of Massachusetts and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY.*

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

*I hereby express give permission for my child to become a member of the West Medford Community Center. I understand the Release and Waiver of Liability and Indemnity Agreement applies to my child. Additionally, I will be financially responsible for cost of repairing any intentional damage and/or vandalism to the Center caused by my child.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Release Form:**

*I, the parent/guardian of the minor child listed on the application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the West Medford Community Center, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the community center or club.*

**Medical Treatment**

*I give permission to the West Medford Community Center to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.*

**Technology**

*As a member of the West Medford Community Center, your child will have access to the Internet. While precautions are being taken, it is possible that s/he may access inappropriate sites. The West Medford Community Center will have rules and consequences at the Center for such behavior; however we will not be responsible for the consequences of such access.*

**Miscellaneous**

*I understand that the West Medford Community Center is not responsible for lost or stolen items.*

*I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the West Medford Community Center and its activities.*

*I also understand that the center is not, nor claims to be, a licensed day care center.*

*I have read the completed application and this form, understand the rules of the West Medford Community Center (see website) and request that my child be admitted into membership.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (PRINT PLEASE)

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

**Please return this form with payment by check (mail), with cash (in person), to the address listed below. Payments may also be made by PayPal through the link on our website: <http://wmcc.us/>**

West Medford Community Center  
111 Arlington Street, Medford, MA 02155



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**Official use only** – Staff Initial\_\_\_\_\_ Registration fee received\_\_\_\_\_ ( ) Check no. \_\_\_\_\_ ( ) Cash ( ) PayPal  
Membership card given\_\_\_\_\_ Center’s schedule given\_\_\_\_\_ Center’s rules given\_\_\_\_\_  
Membership number \_\_\_\_\_ ( ) New ( ) Renewal ( ) Info. update Membership Expiration\_\_\_\_\_  
Inputted in Constant Contact\_\_\_\_\_