



AURORA SENIORS ASSOCIATION

MEMBERSHIP REGISTRATION FORM

90 John West Way, Aurora, Ontario, L4G 6J1

RELEASE AND WAIVER

In consideration of acceptance of the applicant as a member in the Association and payment of membership dues, the applicant agrees to save harmless and keep indemnified the AURORA SENIORS ASSOCIATION, THE CORPORATION OF THE TOWN OF AURORA, their officers, directors and members, and their respective agents, officials, servants, and representatives from and against all claims, actions, or causes of action, costs, expenses, and demands including costs attendant thereto on a solicitor and his or her own client basis, howsoever caused, arising out of relating to any activity of the application taking part or being connected to any activity of the Association, AURORA SENIORS ASSOCIATION and THE CORPORATION OF THE TOWN OF AURORA, whether caused by any negligence of any of the parties hereto, or their respective agents, officials, servants, or representatives, and it is understood and agreed that this agreement is to be binding on the applicant, his or her heirs, executors and assigns, and further that this release and waiver is not subrogated to any right included in any insurance policy held by, or for the undersigned, or the Association.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE-MENTIONED RELEASE AND WAIVER CONDITIONS.

YEAR 1

Applicant Signature _____

Date: _____

YEAR 2

Applicant Signature _____

Date: _____

YEAR 3

Applicant Signature _____

Date: _____

YEAR 4

Applicant Signature _____

Date: _____

YEAR 5

Applicant Signature _____

Date: _____

OFFICE USE ONLY:

<input type="checkbox"/>	Fee collected	<input type="checkbox"/>	Receipt issued	<input type="checkbox"/>	Check ID	<input type="checkbox"/>	Sticker Added
<input type="checkbox"/>	Legible	<input type="checkbox"/>	Temp card issued	<input type="checkbox"/>	Email clear	<input type="checkbox"/>	Add to membership list