



Membership Sign Up and Renewal Form

Fill out the form below to sign up ☐ New Member or ☐ Renewal Member ☐ Donation

First Name _____ Last Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip Code _____ County _____

Email _____ Cell Phone _____ - _____ - _____

Home Phone _____ - _____ - _____

Anniversary Date: ____/____/____

Spouse Name _____

Are you interested in
Volunteering? ☐ Yes
✓ If yes, see next page details

Emergency Contact Name: _____

Emergency Relation: _____

Emergency Phone: _____ - _____ - _____

Email: _____

WAIVER AND RELEASE OF LIABILITY: I understand that the activities, services, trips and events offered by the Parker Senior Center possibly may have an element or hazard or inherent danger and further may be an extreme test of a person's physical and mental abilities. I understand that my participation in such activities, services, trips, and events can cause serious injury, potential death and property damage. I further understand participating in activities and trips while in a wheelchair may present special hazards, inherent danger and be an extreme test of physical abilities. With full understanding of the potential risks, I hereby assume the risks of participating in activities, services, trips and events offered by the PSC. On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby waive, release and discharge the PSC, its officers, directors, employees, and volunteers from any and all claims, liabilities, losses, costs, or expenses, for death, personal injury, or damages of any kind that I may incur while participating in or traveling to and from PSC on-site or off-site activities, services, trips and events, whether such losses, damages or injuries are a result of negligence of PSC, its officers, directors, employees, and volunteers except for loss, damage, or injury which is the result of gross negligence and/or wonton misconduct of PSC, its officers, directors, employees and volunteers. I agree to indemnify and hold harmless PSC, its directors, employees and volunteers from any claims made or liabilities assessed against them as a result of my actions, or any action taken on my behalf.

In consideration of the rights and privileges granted to me by my involvement with the PSC, I certify that I have read and understand the above WAIVER AND RELEASE OF LIABILITY and that I understand that I have given up substantial rights by signing this document, and hereby acknowledge that I am signing voluntarily. I also understand and agree that my photograph may be taken while participating in PSC activities, services, trips and events and such photograph may be used in publications and for promotional purposes and I will not be compensated for the use of my photographs. As a member of the Parker Senior Center, I will adhere to the "Code of Conduct" as set forth in the Bylaws.

☐ I agree to the Waiver and Release of Liability

Sign Here

Date

Annual Member (per person) \$100 _____



See the activities listed in the monthly Newsletter for current month activities, their timing and travel options. Most activities are walk-in and free, exceptions, travel and food event charges are noted. New member orientation is the last Thursday of each month at 9am at the Center.

Veteran Status – for grant purposes only, please add the following:

Spouse 1: Branch _____ and Service Dates _____

Spouse 2: Branch _____ and Service Dates _____

Getting Involved with your PSC Friends, Board, Staff and Volunteers

One of the ways to get the most out of your membership at the Parker Senior Center is to get involved with volunteering. You will make friends, improve the community, get to know the staff and other members and have a voice in the workings of your Senior Center.

Volunteer Opportunities: [Please check off your preferences]

- | | |
|--|--|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Front Desk / Greeter |
| <input type="checkbox"/> Connect and Care Caller | <input type="checkbox"/> Fundraising / Donation Caller |
| <input type="checkbox"/> Activity Chairs/Advisors | <input type="checkbox"/> Membership / Outreach |
| <input type="checkbox"/> Working with Business Partners | <input type="checkbox"/> Committee Work |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Travel Trip Driver (Using Center bus or van) |
| <input type="checkbox"/> Proofreading Newsletter or mailings | <input type="checkbox"/> Organize speakers and Center educational programs |
| <input type="checkbox"/> Kitchen Help (Weekday Lunches, Potlucks & Special Events) | |
| <input type="checkbox"/> Set up for Programs (Tables and Chairs, Podium) | |
| <input type="checkbox"/> Other, please specify _____ | |

Occupation (previous or ongoing): _____

Hobbies or other interest: _____

Favorite Restaurants: _____

Additional Emergency Contact: _____

Parker Senior Center 10675 Longs Way Parker, CO 80138 (303) 841-5370 © 6/2025

[FOR OFFICE USE ONLY] Date Received: ____/____/20____ Payment Processed by: _____

Amount Paid \$ _____ Cash Check Credit Card Debit Card Renewal Date ____/____/20____

Date Entered in SchedulesPlus ____/____/20____ Date Entered in Quickbooks ____/____/20____ PCode: _____