

# The East Wing

Glenview Senior Center  
**CURRENT MEMBER RENEWAL**  
**May 1, 2019 – April 30, 2020**

Your information will be published  
in the 2019-2020 East Wing  
Directory unless otherwise checked  
below.  
\_\_\_\_\_ PLEASE DO NOT PUBLISH  
COMMENTS \_\_\_\_\_

**Fill in information – PLEASE PRINT**

NAME(S) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL NUMBER (\_\_\_\_) \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
EMERGENCY CONTACT \_\_\_\_\_ TEL. NUMBER (\_\_\_\_) \_\_\_\_\_

- |                                                 |                                                                |   |                  |
|-------------------------------------------------|----------------------------------------------------------------|---|------------------|
| <input type="checkbox"/> PARK DISTRICT RESIDENT | \$35.00 INDIVIDUAL                                             | ↑ | \$40 after May 1 |
| <input type="checkbox"/> PARK DISTRICT RESIDENT | \$65.00 COUPLE                                                 | ↕ | \$70 after May 1 |
| <input type="checkbox"/> NON-RESIDENT           | \$40.00 INDIVIDUAL                                             | ↓ | \$45 after May 1 |
| <input type="checkbox"/> NON-RESIDENT           | \$75.00 COUPLE                                                 |   | \$80 after May 1 |
| <input type="checkbox"/> GOLD STAR RENEWAL      | <b>NO CHARGE (THIS FORM MUST BE RETURNED TO REMAIN ACTIVE)</b> |   |                  |

**Glenview Park District  
East Wing Glenview Senior Center Membership  
Waiver and Release of All Claims and Assumption of Risk**

Please read this form carefully and be aware that in signing up and participating in Glenview Park District's East Wing Glenview Senior Center membership including but not limited to regular club meetings, field trips, parties, special events, special programs and classes, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of participating in this program/activity against the Glenview Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as "Glenview Park District").

I do hereby fully release and forever discharge the Glenview Park District from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with this program/activity.

I understand that photos and videos are periodically taken of people participating in Glenview Park District programs and activities and agree that any photograph or videotape taken by the park district of me/us while participating in a park district program or activity may be used by the park district for promotional purposes including its electronic media, videotapes, brochures, flyers and other publications without additional prior notice, permission or compensation to the participant.

**I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.**

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Participant/Participants Signature of Participant/Participants Date

**Payment Information (Please complete in full):**

- Cash
- Check (Check # \_\_\_\_\_) Checks should be made payable to: *Glenview Senior Center*
- Charge  VISA  MASTERCARD  DISCOVER

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Kindly return completed form with payment to:  
**East Wing Glenview Senior Center  
2400 Chestnut Avenue  
Glenview, Illinois 60026**

Staff use only: Date processed: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Staff Person: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Card Given: \_\_\_\_\_  
Form updated: 3/20/19