

MEMBERSHIP REGISTRATION FORM

1155 Santa Clara Avenue, Alameda, CA 94501 • (510) 747-7500

PLEASE PRINT LEGIBLY

For Office Use Only:

Processed on: _____ by: _____

Card Issued: _____ by: _____

☐ Free AC Transit Bus Pass

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt #: _____ City: _____ Zip: _____

Primary Phone: (____) _____ Birthdate: ____/____/____ Preferred Language: _____

STAY UP TO DATE BY PROVIDING YOUR EMAIL ADDRESS HERE: *(email is for Mastick use only)*

IN CASE OF EMERGENCY, please contact:

Name: _____ Relationship: _____ Phone: (____) _____

The waiver below applies to all classes, programs and activities including virtual programs offered through Mastick Senior Center.

LIABILITY WAIVER:

1. Undersigned hereby releases, waives and discharges the City of Alameda, its officers, employees, agents and independent contractors from all liability to the undersigned and/or his/her/their personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from any personal injury, communicable diseases, illnesses, and viruses and/or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its officers, employees, agents, and independent contractors.
2. Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, employees, agents, volunteers and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment, including AED machines, or program transportation thereon.

VIRTUAL CLASS RELEASE: I hereby warrant and agree that the conditions of my environment are safe, free from obstructions and are suitable for participation in the above-referenced activity. I further understand and agree that any material downloaded, viewed or otherwise obtained through my participation in said activity is done at my own risk and ARPD is not responsible for any loss, alteration, corruption or other damage to my personal property, including computers, networks and other property used as part of my participation.

CONSENT TO TREAT: I hereby give my consent for the City of Alameda staff to take me to the appropriate medical services and give appropriate medical authorization. It is understood that the cost thereof will be at my expense.

☐ Check here if I DO NOT consent to treat and I request that medical or surgical services be withheld.

WELLNESS CHECK: I hereby confirm that I have not had a fever of 100 degrees or above, shown signs of respiratory illness (cough, sore throat or shortness of breath), or been in close contact with a person who has COVID-19 for at least 14 days prior to the start of the program. I hereby give my consent for the City of Alameda staff to take my temperature before the start of programs each day and understand that I must stay home if I have a fever of 100 degrees or above or exhibit signs of respiratory illness and can return to the program only when symptoms improve, there is no fever for 72 hours without the use of fever-reducing medicine, and at least ten days have passed since illness onset.

PHOTO RELEASE: I understand that photographs may be taken of me during the course of said activity, and that these photographs may be used in the City of Alameda publications, including but not limited to recreation brochures, the City's website, and the City's Facebook page or other City social media sites.

Undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement has been made.

I have read the "Mastick Senior Center Code of Conduct" and understand that failure to comply with the terms may result in disciplinary action.

SIGNATURE: _____ **DATE:** _____