



# WINFIELD TOWNSHIP RESIDENT

## Member Information Sheet

Wayne Township Senior Center

DATE JOINED: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male / Female Spouse's Name: \_\_\_\_\_

Member? Yes / No \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Phone:  Cell /  Home 2nd Phone:  Cell /  Home

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Township:  
 Wayne Township  Winfield Township  other: \_\_\_\_\_

US VETERAN? Years of Service (date range): \_\_\_\_\_

Branch of Service: Navy Army Air Force Marines Coast Guard \_\_\_\_\_

How did you hear about us? Welcome letter? other? \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

\*\*Please provide name of someone who is NOT A MEMBER here\*\*

Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Preferred Phone:  Cell /  Home 2nd Phone:  Cell /  Home /  Work

Contact Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

### Health Conditions/ Medications that we should be aware of:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Anti-Seizure Meds | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> MS                             |
| <input type="checkbox"/> Blood Thinners    | <input type="checkbox"/> Diabetic            | <input type="checkbox"/> Vision Loss                    |
| <input type="checkbox"/> Inhaler           | <input type="checkbox"/> COPD / Emphysema    | <input type="checkbox"/> Hearing Loss                   |
| <input type="checkbox"/> Pacemaker         | <input type="checkbox"/> Stroke              | <input type="checkbox"/> Life Threatening Allergy _____ |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Cancer              | <input type="checkbox"/> Other: _____                   |

### Mobility Assistance Devices / Needs:

- |                                     |                                  |  |
|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Walker     | <input type="checkbox"/> Scooter | <input type="checkbox"/> Bus Lift needed |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Cane    | <input type="checkbox"/> Other: _____    |

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 01/2023

## Wayne Township Agreement and Releases

**By Checking the boxes next to the headings below, I hereby execute the releases/waivers below:**

**Exercise Class Release**

I will be voluntarily participating in exercise classes at Wayne Township facilities. I am aware that participation requires a minimum level of physical health, strength, fitness and flexibility and requires physical exertion that may be strenuous and may cause injury or death. I understand that it is my responsibility to consult with my physician to determine prior to and regarding my participation in such activity whether I am capable of participating, and that I am responsible for limiting my activity to the level recommended by my physician and I am responsible for limiting my activity to a level appropriate for me. I assume all responsibility and liability for any and all injuries and damages I may sustain arising out of my participation in this class. I agree that neither I nor my heirs, successors, guardians, or legal representatives will make any claims arising out of my participation against the Township or its officers, employees or agents, or the class' hosts, instructors or participants, and that all such claims are hereby waived. I further agree to defend, indemnify and hold harmless the Township and its officers, agents and employees, and the hosts, instructors and participants, for any injuries or damages arising out of my participation in any class. This release shall remain in force until I send written revocation to Wayne Township.

**Release and Indemnity- Removal/Retention/Consumption of Uneaten or Leftover Food**  
FOR VALUE RECEIVED, the undersigned, jointly and severally, hereby releases, indemnifies and holds harmless WAYNE TOWNSHIP, ILLINOIS and its trustees, officers, directors, employees, successors and assigns (the "Township"), from any claim, action, liability, loss, damage or suit arising out of the removal, retention and/or consumption of uneaten or leftover food from any function sponsored by the Township or the Wayne Township Seniors' organization and from the Township's permitting such removal. I further understand that I am solely responsible for providing proper and adequate equipment/devices for storage (e.g. coolers, ice packs, etc.) and transportation of such food and that the Township will not supply any such equipment or devices.

In the event of any asserted claim, the Township shall provide the undersigned written notice of same, and thereafter the undersigned shall, at his or her own expense, defend, protect and hold harmless the Township against said claim or any loss or liability thereunder.

In the further event the undersigned shall fail to so defend and/or indemnify and hold harmless the Township, the Township shall have full rights to defend, pay or settle said claim on its own behalf without notice to the undersigned and with full rights to recourse against the undersigned for all fees (including, but not limited to, reasonable attorney's fees), costs, expenses and payments made or agreed to be paid to discharge said claim.

Upon the undersigned's failure to defend, indemnify and/or hold harmless the Township, the undersigned further agree to pay all reasonable attorney's fees necessary to enforce this agreement.

This Release and Indemnity Agreement shall be unlimited as to amount or duration and shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives. This release shall remain in force until I send written revocation to Wayne Township.

**Travel Release for ALL Trips**

I understand that participation in the Trip involves risks, including, without limitation, risks involved in traveling to, from and within the destination(s); risks generated by the activities in which I engage while on the Trip; foreign political, legal, medical, social and economic conditions; and local weather conditions. If the Trip involves international travel, I understand that the destination(s) may have health and safety standards that differ from those in the United States. I understand that, although Wayne Township (the "Township") has organized the Trip, it cannot eliminate all risks or guarantee my safety while I am on the Trip.



I am physically, medically and mentally healthy enough to participate in the Trip. I am responsible for obtaining any recommended immunizations before taking the Trip. I carry valid and current medical insurance and have a valid insurance identity card to bring. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the Trip. I will be solely responsible for payment in full of all costs of medical care I may receive while on the Trip. I am aware that, if the Township has purchased travel insurance for the Trip, the travel insurance is a supplement to, not a substitute for, health insurance.

I acknowledge that I am required to carry at all times during each trip a Health ID card provided by the Township. If during the Trip I experience health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, then a Township representative may, circumstances permitting, contact the "emergency contact" listed on the health ID card that I am required to carry with me on all trips. I understand that, circumstances permitting, the Township representative ordinarily will not initiate such contact without first attempting to have a discussion with me, if possible. I authorize, but do not obligate, the Township's representative(s) to obtain health care for me in the event that I need it but am unable to obtain it for myself. I further agree to release, hold harmless and indemnify Wayne Township and its trustees, officers, employees, representatives and agents for any and all acts and/or omissions in providing, securing or attempting to provide or secure medical care to me during the Trip.

Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Trip. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify Wayne Township, and its officers, trustees, representatives, employees and agents, from and against any present or future claims, losses, liabilities, costs and expenses for death, injury to person or property, or for any other damage, which I may suffer, or for which I may be liable to any other person, arising out of or related to my participation in the Trip arising out of or resulting from any cause, including but not limited to negligence on my part or on the part of any of the released parties.

I have carefully read and freely signed this Travel Release. I understand and agree that no oral or written representations can or will alter the contents of this document. This agreement shall be governed by the laws of the State of Illinois (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this agreement or the Trip. This release shall remain in force until I send written revocation to Wayne Township.

**Photo/Video/Audio Release**

I hereby grant permission to Wayne Township and its employees, agents, and or hired photographers or persons hired by the Township to take and use photographs, video and/or audio of me for use in publications, news releases, online and social media, and in other communications and for any lawful purpose. On behalf of myself and my heirs, executors, administrators and representatives, I hereby waive any and all compensation and/or royalties arising from or related to use of any such photograph, video or audio as well as any right to control the use, distribution or publication of images, video or audio. I understand these items will be the property of Wayne Township and/or its employees, agents, photographers or contractors. This release shall remain in force until I send written revocation to Wayne Township.

**Authorization to Release Contact Information**

I hereby grant permission to Wayne Township and its employees, agents, and/or other persons acting on behalf of the Township to disclose my contact information, including without limitation my name, address(es), phone number(s), email address(es) and other contact information, to Township employees, agents, contractors, Wayne Township Senior Center members and other including, without limitation, for purposes of facilitating Wayne Township Senior Center programs and a Wayne Township Senior Center directory. This authorization shall remain in force until I send written revocation Wayne Township.

_____ Signature	_____ Print Name	_____ Date
_____ Address	_____ City/State	_____ Zip Code

## WAYNE TOWNSHIP HOLD-HARMLESS AGREEMENT

I wish to volunteer for Wayne Township, West Chicago, DuPage County, Illinois ("Wayne Township"). I fully understand and agree to assume all risks involved in any and all duties that I perform as a volunteer for, on behalf, or in connection with Wayne Township. I agree to hold Wayne Township harmless for any injury(ies), loss, or damages which I might sustain, whether to person or property, during the course of my volunteer duties. This Hold Harmless Agreement will not terminate upon the Volunteer's completion of any particular duty, but will remain in effect until terminated in writing by Wayne Township.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

### Instructions:

This agreement must be signed by all volunteers before performing any services relating to any activities or programs of Wayne Township and will remain in effect until terminated in writing by Wayne Township or by the volunteer. Please print and sign the agreement and give it to the Department Head where the volunteer efforts will be performed. This agreement will cover volunteering in any Township program.

Name: \_\_\_\_\_

# How do you plan to participate at Wayne Township Senior Center?

## DAILY, WEEKLY, & MONTHLY ACTIVITIES at SENIOR CENTER

### EXERCISE CLASSES

- Seated Yoga (Monday)
- Total Body Fit (Tuesday)
- Tai Chi (Tuesday)
- Indoor Walking (Wednesday / Friday)
- Line Dancing (Wednesday)
- Ballroom Dancing (Thursday)
- Dance Fitness (Thursday)
- Tap Class (Friday)
- Timed Fitness- Interval Training (Friday)
- Other: \_\_\_\_\_

### GAMES/ CARDS/ DARTS

- Game of 31 (Monday / Tuesday)
- Mexican Dominoes (Monday / Thursday)
- Pinoacle (Monday / Thursday - experienced)
- Bingo (Tuesday)
- Bunco (Tuesday)
- Spinners (Tuesday)
- Wii Bowling – teams of 4 (Tuesday)
- Hand & Foot (Wednesday / Thursday)
- Pokadice (Wednesday)
- Bridge (Wednesday)
- Canasta (Thursday)

- Rummikub (Thursday)
- Trivia (Thursday)
- Mah Jongg (Friday)
- Darts (Friday)
- Poker (Friday)
- Farkle (Day? \_\_\_\_\_)
- Hearts (Day? \_\_\_\_\_)
- Other: \_\_\_\_\_

### CLUBS

- Book Club (2<sup>nd</sup> Mondays)
- Diamond Art Club (Mondays)
- Eat Right, Be Healthy Club (Mondays)
- Brunch Bunch Club at local restaurants (Wed)
- Other: \_\_\_\_\_

### CRAFTS/ ARTS / VOLUNTEERING/ OTHER

- Happy Hatters (Fridays)
- Cards for Soldiers
- Paper Shredding (for Anderson Animal Shelter)
- Love Inspired Creations (fleece blankets)
- Monthly Informational Meetings
- Set up/ Take Down of tables & chairs at center
- Other: \_\_\_\_\_

## SPECIAL EVENTS & TRIPS with ADDITIONAL COST

### AT SENIOR CENTER

- Celebration of Life & Holiday Celebrations (Valentines Day, St. Pat's Day, etc)
- Games (ie Pictionary, Bingo)
- Presentations & Luncheons
- Art Class (ie Glass Art, Canvas Painting Classes)
- Other: \_\_\_\_\_

### DAY TRIPS & OUTINGS

- Movie Theatres/ Cinemas
- Theatres
- Museums

### DAY TRIPS & OUTINGS *continued...*

- Tours
- Volunteer Trips (FMSC)
- Parties
- Casinos
- Other: \_\_\_\_\_

### OVERNIGHT

- Bus Trip
- Flight / Bus Trip
- Train Trip
- Other: \_\_\_\_\_

## ADDITIONAL REQUESTS / IDEAS/ SUGGESTIONS: