MEMBERSHIP

Please select: Regular (12 months) ☐  All Access (Continuous) ☐

Regular Membership requires an annual non-refundable fee and runs from 12 consecutive months from date of registration.

All Access Membership requires Recurring Payment Authorization Form or annual non-refundable fee, and is a continuous membership.

Membership Change Form required to upgrade, cancel or request leave of absence for All Access Membership.

MEMBERSHIP FINANCIAL ASSISTANCE  Available for both Memberships.

VOA raises funds to ensure that everyone has access to membership.
Interest in financial assistance? The process will be discreet and confidential.  Yes ☐

GIVE THE GIFT OF GIPSON  Donate to provide membership(s) to low-income members (50+)

Would you like to contribute to the Carl Gipson Center in order to provide financial assistance so that others can become members?

Donate Regular Membership:  Yes ☐  Donate All Access Membership:  Yes ☐

Donate Other Amount: (Please list): ______________________________
### MEDICAL HISTORY

Please list any Medical Conditions for which you have received, or are receiving treatment for.

- [ ] Alzheimer’s
- [ ] Asthma/Lung Disease
- [ ] Dementia
- [ ] Diabetes
- [ ] Epilepsy
- [ ] High Blood Pressure
- [ ] Heart Attack
- [ ] Head Injury
- [ ] Heart Disease
- [ ] Bypass Operation
- [ ] Stroke
- [ ] Other (Please specify):

### DAILY MEDICATION(S) & DOSAGE

<table>
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<th>Date</th>
<th>Signature</th>
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### ALLERGIES

- [ ] Alzheimer’s
- [ ] Asthma/Lung Disease
- [ ] Dementia
- [ ] Diabetes
- [ ] Epilepsy
- [ ] High Blood Pressure
- [ ] Heart Attack
- [ ] Head Injury
- [ ] Heart Disease
- [ ] Bypass Operation
- [ ] Stroke
- [ ] Other (Please specify):

### Agreement & Release Of Liability

The Carl Gipson Center offers a variety of physical activities, which may include but are not limited to group exercise classes, Wii® games, table tennis, the self-serve Mt. Pilchuck Fitness room, and others. By signing below a participant attests that they are capable of determining their ability to participate in the activity. The Carl Gipson Center has not and will not render any medical advice regarding their physical condition. Participants are aware that participation may result in accident or injury, and assume all risk related to their participation in the activity. Participants release and hold harmless Volunteers of America Western Washington (VOAWW), the City of Everett, and all officers, employees, assigns, and agents from all claims (including personal injury claims) arising from or relating to their participation in the activities at the Carl Gipson Center.

Participants give their permission for the staff to call the number(s) they have provided regarding information and updates about the Carl Gipson Center, and give their permission for VOAWW to use any photograph and video taken of them at the Carl Gipson Center for advertising and publication purposes.

By signing below, I agree and affirm the foregoing Release of Liability. I understand that the membership fee is non-refundable, and I agree to abide by the Carl Gipson Center Code of Conduct.

### STAFF TO COMPLETE

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date Processed: _________________</th>
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<tbody>
<tr>
<td>_____ Code of Conduct on file</td>
<td>Payment Processed (List amount):</td>
</tr>
<tr>
<td>_____ Parking Pass offered</td>
<td>Regular Membership: _____________</td>
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<tr>
<td>_____ Key Fob provided</td>
<td>All Access Membership: __________</td>
</tr>
<tr>
<td>_____ Membership Rates &amp; Policies Provided</td>
<td>Donation: ________________</td>
</tr>
<tr>
<td>_____ Recurring Payment Authorization Form (All Access)</td>
<td>TOTAL: ________________</td>
</tr>
<tr>
<td>_____ Financial Assistance Information Provided (if applicable)</td>
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</tbody>
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☐ FA? Copy to Operations Manager  ☐ Donation? Copy to Director