

FRIENDLY HOUSE ADULT RECREATION & EDUCATION MEMBERSHIP



1737 NW 26th Ave

503.228.4391

www.friendlyhouseinc.org

Name _____ D.O.B. ____/____/____ Sex _____

Address _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Are you interested in volunteering? ___ Yes ___ No

Place of Employment _____

Job Title/Position _____

How did you hear about us? _____

Local Emergency Contact:

Name _____ Phone _____

MEMBERSHIP TYPES:

Individual \$225/yr _____

Dual (2 people, 1 address) \$350/yr _____

Senior (age 60+) \$100/yr _____

Student (ID required) \$100/yr _____

Youth (age 12-15) \$80/yr _____

Youth 3 month \$25 _____

1 month \$35 _____

3 month \$90 _____

Disabled (copy of SSI/SSA letter required) \$20/yr _____

Scholarships*:

*Income Verification REQUIRED

Individual \$75/yr _____

Dual (2 people, 1 address) \$100/yr _____

Senior \$20/yr _____

INFORMED CONSENT AND RELEASE

The undersigned recognizes that Friendly House, Inc. has recommended that, prior to starting any exercise program; the undersigned should consult with a physician and acquire direction, approval and advice on exercise programs or activities. Friendly House, Inc. its employees, agents, directors and officers are not physicians, physical therapists or medical experts. The undersigned must rely upon his/her physician's advice for guidance on any exercise or physical activity and will not rely on advice or guidance by Friendly House, Inc. He/she waives and releases Friendly House, Inc., its employees, officers and agents, and directors from any and all liability in connection with any Friendly House, Inc. program. The undersigned agrees that he/she will not undertake any physical exercise which is beyond his/her physical ability or level of fitness. By way of reference, but not to the exclusion of other infirmities, illnesses or conditions, the undersigned acknowledges that strenuous exercise may be hazardous for a person possessing any of the following conditions: heart disease, back problems, high blood pressure, lung disease, hernia, varicose veins, recent surgery, chronic disease and the taking of medication.

I, _____, verify that I am of legal age (children up to the age of 18 must have parent/guardian consent and release. Children younger than 16 need to be accompanied by a parent or guardian.). I have enrolled in a program of strenuous physical activity including activities and machinery offered by Friendly House, Inc. In consideration for participation into the Friendly House, Inc. exercise program, I, for myself, my heirs and assigns, hereby release Friendly House, Inc. its employees, agents, directors, and officers, from any claims, demands, causes of action, now or in the future, arising from my participation in the exercise program or activity. I fully understand that I may injure myself as a result of my participation in the exercise program at Friendly House, Inc.

Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____
(If under 18)

It is the policy of Friendly House to treat all people with dignity and respect.

The agency prohibits discrimination based upon race, sex, religion, creed, color, gender identity, age, national origin, marital status, pregnancy, sexual orientation, citizenship status, military service, veteran status, housing status, familial status, source of income, political affiliation, union affiliation, physical disability, mental disability or other protected status in accordance with applicable law. In addition, we shall not discriminate against minority-owned, women-owned or emerging small business.

Membership is non-refundable, non-transferable. We reserve the right to revoke membership at any time. We reserve the right to refuse service. We reserve the right to ask anyone to leave whose behavior violates Friendly House policy.

OFFICE USE ONLY

Date	Receipt	Price	Membership Type	Staff Initial	Exp. Date