

Effective Date

Membership Enrollment Form



Name	:		_ D.O.B://_	Gender:	
	Last Firs	t			
Addre	ess:			_ APT#:	
City: State				7in·	
city					
	Phone:		Cell:		
Email	:				
Family	y Members:	D.O.B:		Gender:	
1.					
2.					
3.					
4.					
5.					
6.					
* *	Family - Couple plus depende	nts that can be clai	med on taxes (up to	25 years old with valid colle	ge ID)
	gency Contact:		` '	Relation:	
	Silver Sneakers:	Y N ID‡	# :		
I/We a emplo impos dama City o injury Tenne	imer/Hold Harmless Statement: agree to waive, indemnify and byees from and against any an sed by law or otherwise upon to ge to personal property or any of Lewisburg, Tennessee's Part or damage is a result of the nessee, its officers, employees or ization shall be as effective as	d all losses or expe he City of Lewisbur other damages aris ks & Recreation Pro egligence of the abo or agents or due to	nses (including attor g, Tennessee for dan sing out of or in conn grams. This agreem ove named participan	ney's fees) by reason of any mages due to bodily injury, lo nection with the participation ent shall apply whether or no nts or the City of Lewisburg,	liability ess of life, in the ot such
	Signature:		Date:		-
Office Use Only Type:					
				r:	

Receipt #:__

Expiration Date

Date: _