



Fountain Valley Senior Center
The Center at Founders Village

2025 Membership Form

Staff Only
Date Received:
Date Entered:
Initial:

Please print and complete this form and sign upon completion.
Completed forms may be dropped off or mailed to:
The Center at Founders Village Senior and Community Center
17967 Bushard Street, Fountain Valley, CA 92708

Name of person(s) in HOUSEHOLD registering for membership:

Last Name: First Name: DOB:
Sex: Male Female EX: Mon./Day/Year

\*Additional Household Member (If Applicable)

Last Name: First Name: DOB:
Sex: Male Female EX: Mon./Day/Year

Address:

Apt.# (if applicable): City: Zip:

Primary Phone Number: Secondary Phone Number:

Main Contact E-mail:

Emergency Contact: Phone number: Relation:

Any known allergies or medical conditions?

Would you be interested in learning more about any of the following programs?

- Hop On Senior Transportation Fitness Room Clubs/Groups
Volunteer Opportunities Social Services Special Events
Congregate Meal Program

How would you like to receive your Monthly Activity Guide (The Center Piece)

- U.S. Mail (\$20 Annual Distribution Fee; please include payment when submitting your form)
Email (Free; sent to contact email listed above)

\*\*PLEASE SEE WAIVER ON REVERSE SIDE OF APPLICATION \*\*

RELEASE: (Please read carefully before signing) I hereby forever release, indemnify, covenant not to sue, discharge, and hold harmless the City of Fountain Valley, and its officers, employees, agents, instructors, and representatives from any and all liabilities, claims, demands, causes of action, costs, or expenses that I may hereafter have for injuries, death, communicable diseases, illness, viruses, and/or damages arising out of participation in any City Recreation Program including, but not limited to, losses caused by the passive or active negligence of the released parties or of hidden, latent or obvious defects or dangerous conditions in any City property or property used by any City Recreation Program. This RELEASE shall remain in effect until revoked and shall extend to all City Recreation Program activities that participant may hereafter participate in. A copy of this Release may be used to the same extent as the original.

This RELEASE shall also release the Released Parties from related activities not conducted on City property, including travel and off-site activities. I understand that Recreation Activities may involve risks and dangers that no amount of care, caution, instruction or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF INJURY while participating in any City Recreation Program activity.

PHOTO RELEASE: I hereby grant the City of Fountain Valley permission to use my likeness in a photograph or digital reproduction in any and all of its publications, including websites, without payment or other consideration. I understand and agree that these materials will become the property of the City of Fountain Valley and will not be returned. I irrevocably authorize the City of Fountain Valley to edit, alter, copy, exhibit, publish or distribute this photo or digital reproduction for purposes of publicizing its programs or for any other lawful purpose. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive the right to any royalties or other compensation arising from or relating to the use of the photograph or digital reproduction. I hold harmless, release and discharge the City of Fountain Valley from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

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 the City of Fountain Valley is not responsible for loss, alteration, corruption, or other damage to my personal property, including computers, networks, and other property used as part of my participation.

REFUND: A \$10 administrative charge will be assessed for each requested refund. Refund requests must be in writing and will only be granted PRIOR to the second class meeting and participant will be charged for classes attended. No refunds will be granted after the second class meeting. Youth Basketball refund requests must be in writing and will only be granted 6 weeks prior to the first league game. A \$10 administrative charge will be assessed for each requested withdrawal. A \$10 administrative charge will be assessed for each requested withdrawal for Swim Lessons. Requests must be received at least 5 days prior to the beginning of the session, requests received less than 5 days prior to the session will be processed for 50% of the fees. No withdrawals will be processed once the session begins.

I agree to undergoing temperature taking before each class and that if the subject is sick to stay at home. I agree to the right for an instructor or city staff to deny access to class for the day if there is a temperature of 100.4 or higher and or symptoms of sickness (especially COVID-19 related). I acknowledge that classes missed due to sickness or days sent home due to sickness will not be reimbursed and that the instructor will not be required to provide a make-up day for classes missed. I agree to do my part in helping reduce the risk of exposure.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending a City program, adult sports league, event and/or activity and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I acknowledge that the CDC, CDCPH, and Public Health Officials have recognized and identified certain groups as more vulnerable. I understand that the risk of becoming exposed to or infected by COVID-19 at a City program, adult sports league, event and/or activity may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City staff, volunteers, and program participants and their families. I understand and agree that this RELEASE includes any claims based on the actions, omissions, or negligence of the City of Fountain Valley, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand it contents, meaning, impact, and I certify that the information provided is true and correct and that documentation of this information will be provided if requested.

\_\_\_\_\_ (initials)  
\_\_\_\_\_  
\_\_\_\_\_ (Signature)  
\_\_\_\_\_  
\_\_\_\_\_ (Date)  
\_\_\_\_\_  
\_\_\_\_\_ (Printed Name)

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