



Please fill out and mail this membership form to
HCSS, P.O. Box 448, Danville, IN 46122

Date: _____ Membership # _____

Name: First _____ Middle Initial _____ Last _____

Address: _____

Town: _____ Zip _____ Phone _____

County: _____ Township _____

Date of Birth: _____

Ethnic: African American _____ American Indian _____ Asian _____
Caucasian (White) _____ Hispanic _____

Monthly Income Level:

Below \$1,100 _____ Between \$1,101-1,650 _____ Over \$1,651 _____

Emergency Phone _____

Emergency Contact Name: _____

Special Needs: _____

Physician _____

Physician Phone _____

Other _____

Hendricks County Senior Service Release: The undersigned releases and discharges HCSS, Inc., Hendricks United Way, Central Indiana Council on Aging and all employees and all other sponsors, supporters and all agents, forms corporations liable on behalf of such entities, from all claims and damages related to or growing out of my participation in programs sponsored by HCSS, Inc. This Release extends to any and all manner of action, cause of action suits, contracts, accounts, debts, claims and demands and however arising including, but without limitation of the foregoing, all liability for damages of any kind, nature of description now existing or which may hereafter arise from or out of injuries and or damages known or unknown, permanent or otherwise received while engaged in activities at the HCSS Center or other affiliate. This release extends for and discharges heir's executors administrators, personal representatives, assigns and myself. It is understood that I have received no monetary remuneration in exchange for granting this release but the consideration and I'm receiving for this release is my ability to participate in programs sponsored by, presented by or endorsed by HCSS, Inc., United Way, Central IN Council on Aging and all of their agents employees. It is further understood that this release extends to all claims of every nature & kind whatsoever, known or unknown, suspected or unsuspected, and that the undersigned is giving their consent with knowledge. My signature endorsement acknowledges that I have awareness of risks involved in activities appropriate to my current state of health and that I have obtained approval from my physician to participate in any program regarding physical activity prior to initiating same and accept responsibility for any potential risk regarding my participation.

Signature: _____ Date: _____