

**Wolfeboro Senior Citizens' Club, Inc. (WSCC)**  
**PO Box 91**  
**Wolfeboro NH 03894**  
**CLUB BENEFIT INFORMATION**

For Wolfeboro area citizens aged 55 & over

**Single:** \$20 per year

**Couple:** \$35 per year

The club's home base is 32 Lehner Street, the Wolfeboro Community Center. Every member should carry their club membership card with them to receive member discounts. **Attached is our membership application. It can be mailed or brought in person to the center on Tuesday and Thursdays 10:00 AM to Noon.**

**WSCC members enjoy benefits such as:**

- Subscription to WSCC event calendar/newsletter-email subscription (currently reviewing companies for this service)
- Educational, social, and recreational opportunities
- Free online exercise programs (M-W-F)
- Holiday events
- Weekly Coffee Socials with Internet access
- Volunteer opportunities
- Outreach programs and/or services
- Friendship, camaraderie, and fun!
- Quarterly Meeting Breakfast/Luncheon (January, April, July & October)

**Discounts on:**

- Social and holiday events
- Discounted trips
- Community businesses
- Fitness, dance & wellness activities

**Facility Features:**

- Senior *Coffee Talk* Lounge
- Games
- Free internet access

# Wolfeboro SENIOR CITIZEN'S CLUB, INC.

## MEMBERSHIP APPLICATION

MEMBERSHIP FEE IS \$20 PER YEAR PER MEMBER (\$35 couple)

Date: \_\_\_\_\_

<b>MEMBER</b>	
I am a <b>NEW</b> Member to this club.	<input type="checkbox"/>
I am renewing a current or past membership.	<input type="checkbox"/>
I am age 90 and qualify for free membership.	<input type="checkbox"/>
Name _____	
Address _____	
City _____	Zip _____
Phone # ( _____ ) _____	
*E-mail: _____	
Birth date (mm/dd/yyyy) ____ / ____ / ____	

<b>ADDITIONAL MEMBER</b>	
I am the spouse Member to this club.	<input type="checkbox"/>
I am renewing a current or past membership.	<input type="checkbox"/>
I am age 90 and qualify for free membership.	<input type="checkbox"/>
Name _____	
Address _____	
City _____	Zip _____
Phone # ( _____ ) _____	
*E-mail: _____	
Birth date (mm/dd/yyyy) ____ / ____ / ____	

<b>In an emergency, who should we call?</b>
Phone # ( _____ ) _____
Cell # ( _____ ) _____
Name _____
Relationship _____

<b>In an emergency, who should we call?</b>
Phone # ( _____ ) _____
Cell # ( _____ ) _____
Name _____
Relationship _____

<b>Newsletter Delivery Method:</b> <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/View Online         (Please Choose One)
I do plan to participate in virtual exercise ____ (please check so we can give your contact info to instructor)

I am interested in becoming a volunteer.
<input type="checkbox"/> YES
<input type="checkbox"/> NO

<u><b>DONATIONS</b></u>	Amount \$ _____
If, in addition to your dues, you would like to make a tax-deductible donation to the Wolfeboro Senior Citizen's Club, Inc. future building fund, please fill in the amount above. All donations are tax deductible as the Wolfeboro Senior Citizen's Club, Inc. is a non-profit corporation, exempt from taxes under section 501 c (3) of the IRS code. Thank you very much for your donation and support!	

**TO REGISTER:** Complete this form and mail application with a check to PO Box 91, Wolfeboro, NH 03894 (Make Check to the Wolfeboro Senior Citizens Club).



**Wolfeboro SENIOR CITIZEN'S CLUB, INC.  
MEMBER LIABILITY WAIVER**

I voluntarily agree to participate in activities sponsored by the Wolfeboro Senior Citizen's Club, Inc. I state and affirm that: My participation in any activities is voluntary. No one is forcing me to participate. Activities may include, but are not limited to, classes, exercise classes, lunches, dinners, socials, and trips.

I understand and acknowledge that the Wolfeboro Senior Citizen's Club activities that I voluntarily engage in have certain risks. I understand these risks, known or unknown, anticipated, or unanticipated, may result in injury, illness, disease, death or damage to myself or my property, or to other persons and their property.

1. I agree that I am engaging in any physical activity at my own risk. I recognize that Wolfeboro Senior Citizen's Club has not undertaken any duty or responsibility for my safety, and I agree to assume the full responsibility for all risk of injury, illness, death, disability, damage or loss to myself or my property that might result, including without limitation, any loss or theft of any personal property.
2. I agree that I will only engage in physical activity within my personal limitations and that I will take full responsibility for ceasing any and all activity if necessary. I agree to stay hydrated during any classes.
3. In the event of any emergency, I authorize medical attention/treatment from any licensed hospital, physician and/or medical personnel deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

By my signature, I hereby state that I understand the risks involved in participating in the activities of the Wolfeboro Senior Citizen's Club, Inc. and the Town of Wolfeboro Parks and Recreation Department willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from Wolfeboro Senior Citizen's Club, Inc., The Town of Wolfeboro Parks and Recreation Department and its directors, officers, employees, volunteers, and other agents for injury sustained and liability incurred during my participation in any club activities.

By my signature, I warrant that I am not relying on any oral representations, statements, or inducement apart from the statements made on this form and confirm that I have read, understand, and consent to the terms of this waiver agreement.

PRINT NAME OF MEMBER	SIGNATURE OF MEMBER	DATE

PRINT NAME OF ADDITIONAL MEMBER	SIGNATURE OF ADDITIONAL MEMBER	DATE
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I further grant full permission Wolfeboro Senior Citizen's Club Inc. or the Town of Wolfeboro Parks and Recreation Department, and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of my participation in club activities without compensation for educational, publicity or fundraising purposes (e.g., as part of brochures, slide shows or program websites).

PRINT NAME OF MEMBER	SIGNATURE OF MEMBER	DATE
PRINT NAME OF ADDITIONAL MEMBER	SIGNATURE OF ADDITIONAL MEMBER	DATE

Last Updated: 12/28/2023

