

# Levine Senior Center Partnership Profile

*Please Print*

NAME: Last		First	Birth Date
Mailing Address:		City/State	Zip
Phones: Daytime	Evening	Cell	
E-Mail Address:		How Did You About The Center:	
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Latino <input type="checkbox"/> Other		Gender:	
Emergency Contact Name:		Emergency Number:	
Physician's Name:		Phone #:	
<b><u>Personal Health History</u></b> (Please list allergies and/or health conditions - <u>Notify LSC of health changes</u> )			
<b><u>Release:</u></b>			
<p>"I understand that my partnership with LSC may include certain activities or events which may constitute a risk of injury or property damage (including activities which could be more hazardous due to my age, mental or physical abilities), and I have made an independent evaluation of my physical and mental abilities to participate in partnership and partnership activities, and do hereby accept such risks. I agree to release the staff, other partners, officers and directors of LSC and to indemnify and to hold harmless the staff, other partners, officers and directors from any and all claims for any acts or omissions arising out of my partnership or participation in activities sponsored or held in conjunction with partnership in LSC. I recognize that the LSC has recommended that I discuss with my family and my attending physician my physical and mental abilities as to my ability to accept partnership rights and to participate in LSC activities. In the event of an emergency, I consent and authorize the LSC, its staff, officers and directors to provide such care and aid, including medical care, as may be deemed necessary or advisable at the time."</p>			
<input type="checkbox"/> I have received a copy of the Levine Senior Center Code of Conduct rules and agree to follow these guidelines while I participate in Center events, activities and/or programs.			
Partner Signature:		Date:	
Levine Senior Center Representative Signature:			
New Partnership	From:	To:	Payment Type:
Lifetime Partnership			Payment Type:
<b>\$75 ~ 6 Months Partnership      \$128 ~ 1 Year Partnership      \$1,300 ~ Lifetime Partnership</b> <b>One year renewals are January 1<sup>st</sup> through December 31<sup>st</sup>. Six month renewals are January 1<sup>st</sup> through June 30<sup>th</sup> or July 1<sup>st</sup> through December 31<sup>st</sup>.</b>			

Check here if you would like to make a tax deductible donation to the Center

Financial information about this organization and a copy of its license are available from the Charitable Solicitation Licensing Section at 1-888-830-4989. The license is not an endorsement by the State. 6/2015

**LEVINE SENIOR CENTER**

**GUEST/ PARTNER/ LESSEE AUTHORIZATION FOR USE  
OF IMAGE, VOICE, PERFORMANCE OR LIKENESS**

In consideration for my use and enjoyment and as a condition of such use, by the Levine Senior Center (Senior Activities & Services, Inc.) ("LSC"), I hereby permit and authorize the LSC, and its employees, agents and representatives who are acting on behalf of LSC to use my likeness and/or name in any photograph, image, video, motion picture, performance or sound recording (collectively referred to herein as my "Likeness") for purposes related to its senior care, education, support, and programs mission including advertising, publicizing or marketing its facilities, campuses and programs or for any other commercial or lawful purpose, and to use and license others to use it for such purposes, without any compensation to me.

I understand and agree that these materials will become the property of LSC and will not be returned. I hereby irrevocably authorize LSC to edit, alter, copy, exhibit, publish, or broadcast my likeness at any time by means of any media, including print, video presentations, television, radio and satellite transmissions or rebroadcasts, news bulletins, mailers, billboards or signs, brochures, website placements, podcasts or other digital delivery or publications.

In addition, I waive any right of privacy associated with the Likeness as well as the right to inspect or approve the finished product, including written or electronic copy, wherein my Likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my Likeness. I hereby hold harmless and release and forever discharge LSC 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.

**I am over 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 the contents, meaning, and impact of this release.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed or Typed Name)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

E-mail: \_\_\_\_\_

**(CONSENT OF PARENT OR GUARDIAN-** (For use if the person signing is a minor or otherwise not competent.)

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian's Printed Name)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code