



**CITY OF HERMOSA BEACH**  
**PARKS AND RECREATION DEPARTMENT**  
**HERMOSA FIVE-O SENIOR ACTIVITY CENTER**  
 710 Pier Avenue, Hermosa Beach, CA 90254  
[www.hermosabeach.gov](http://www.hermosabeach.gov)  
**PHONE** (310) 318-0280 **EMAIL** [hbconnect@hermosabeach.gov](mailto:hbconnect@hermosabeach.gov)

**MEMBERSHIP AGREEMENT**

**MEMBERSHIPS ARE VALID FOR ONE YEAR**

**NEW MEMBERSHIP**  **MEMBERSHIP RENEWAL**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

**HOW WOULD YOU LIKE TO RECEIVE THE MONTHLY ACTIVITY CALENDAR? MAIL**  **E-MAIL**

**WAIVER & RELEASE OF LIABILITY** I participate in the aforementioned activity voluntarily, assume all liability for and hold harmless the City of Hermosa Beach, its agents and employees from any and all harm, accidents, personal injury or damage to property which the above listed participants may suffer arising out of, or in any way connected with participation in the activity.

**PHOTO RELEASE** I, the participant and/or the individual named hereof, understand that the individual's photograph may be taken and the images will be utilized in a variety of media by the City of Hermosa Beach for promotion of City programs. I give unqualified permission to allow the City to take these photos and use them as described. I (we) understand that the City owns the copyright to the images that it creates and that the City may publish or broadcast the images at any time and that I possess no right to the images or to any compensation.

**COMMUNICABLE DISEASES WAIVER** By signing this agreement, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that I may be exposed to, or infected by communicable diseases by participating in recreation activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to, or infected by, communicable diseases through recreation programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Hermosa Beach employees, volunteers, and program participants and their families. I assume all risks of damage and injury to myself arising out of or attributable to my participation in recreation activities. I, for myself, my heirs, executors, administrators and assigns, hereby release and discharge the City of Hermosa Beach and its officers, employees and agents, from any and all claims for losses, injuries, damages or liabilities, including personal injury and injury to personal property arising out of or attributable to my participation in recreation activities and I expressly release the

above-named parties from and against any and all claims or liability arising from their negligence. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury to myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with participation in recreation activities. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the City of Hermosa Beach, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Hermosa Beach, its employees, agents, and representatives, whether a communicable disease infection occurs before, during, or after participation in recreation activities.

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

**SUGGESTED DONATION: \$10.00**

PAYMENT: (Please Check Your Method of Payment)  Visa  MasterCard  Discover  AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Security Code: \_\_\_\_\_ \*the last 3 digits of the number on the signature strip located on the back of your card

Card Holder Signature: \_\_\_\_\_

**HERMOSA FIVE-O SENIOR ACTIVITY CENTER POLICIES AND PROCEDURES**

- A valid membership is required to participate in all activities offered by the Hermosa Five-O Senior Activity Center.
- All members must be 50 years young or above.
- Verification of age may be requested.
- Memberships are non-refundable.
- Refunds of any fees charged for activities will only be issued if the program is cancelled.
- The hours of the Hermosa Five-O Senior Activity Center and its activities are subject to change.
- A current Hermosa Five-O membership card must be presented and scanned at the front desk of the Hermosa Five-O Senior Activity Center at each visit. There will be a \$5 replacement fee for lost or stolen cards. Replacement cards will only be available for purchase during the Community Resources Department office hours: Monday-Thursday 7:00am-6:00pm.
- All participants are expected to always exhibit appropriate behavior while participating in any activity offered by the Hermosa Five-O Senior Activity Center.
- The Community Resources Department reserves the right to suspend or terminate membership if the member(s) fails to comply with the Hermosa Five-O Senior Activity Center policies and procedures or for any conduct the Department deems as disruptive or inconsistent with Hermosa Five-O Senior Activity Center or Community Center operations.