

Sterling Community Center
38377 Swanson River Rd.
P.O. Box 15
Sterling, AK 99672



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(907) 262-7225 Fax
scc@acsalaska.net
www.sterlingcommunitycenter.com

Membership Enrollment Form

Membership Type: (Circle One) **Youth (0-18)** **Adult** **Family** **Senior (55-69)** **Senior over 70**

Enrollment Date _____

Name _____ **Birth Date** _____
(Please print) First and Last

Name _____ **Birth Date** _____
(Please print) First and Last

Name _____ **Birth Date** _____
(Please print) First and Last

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(Please print) First and Last

Name _____ **Birth Date** _____
(Please print) First and Last

Name _____ **Birth Date** _____
(Please print) First and Last

Mailing Address: _____
Street/P.O. Box *City, State & Zip*

Physical Address: _____
Street *City, State & Zip*

Primary Contact _____
Name *Phone Number*

Email Address: _____

Primary Medical Insurance Carrier _____

Emergency Contacts:

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

Agreement: I certify that the information provided above is accurate. I understand that any Member under the age of 18 must be accompanied by an adult or be limited to adult supervised activities. I have read and agree with the Indemnification Agreement on the reverse side. I agree to comply with the Sterling Community Center Policies and Procedures and understand that failure to comply may result in suspension of this Membership. Upon payment for this membership and/or annual renewal, my payment (s) signifies that no changes to my personal information (above) have occurred. I also agree to comply with the membership enrollment/renewal requirements and Sterling Community Center's Policies and Procedures or any changes as they may occur.

Please sign and date below and on the reverse side:

Adult/Parent/Guardian: _____ Date _____

Adult/Parent/Guardian: _____ Date _____

Indemnification Agreement

Under the terms of this membership agreement, the Member will indemnify the Sterling Community Center, Inc. (SCCI) from all losses, damages, liabilities and expenses that may arise or are claimed against the SCCI and that are in favor of any person, firm or corporation for personal injuries or property damages, including but not limited to assault or sexual harassment, that arose about or on the premises as a result of the Member's use or occupancy or the premises or arose from the Member's failure to comply with any laws, statutes, ordinances or regulations.

The Member shall be fully liable for his/her actions and shall fully indemnify and hold harmless the SCCI employees, Board of Trustees, agents, and assigns from claims, suits, actions, damages and costs of every type and description including attorney's fees (at both trial and appellate levels), arising from or relating to personal injury or death, including but not limited to assault or sexual harassment, damage to real property or tangible personal property, alleged to be caused in whole or in part by the SCCI, its officers, trustees, members, partners or subcontractors and employees or agents of any of them: provided, however, that the Member shall not indemnify for that portion of any loss or damages proximately caused by the negligent acts or omission of the SCCI.

The Member shall fully indemnify and hold harmless the SCCI and its agents, employees, Board of Directors and assigns from any claims, suits, actions, damages and costs of every type and description, including attorney's fees (at both trial and appellate levels), arising from or relating to violation or infringement of a trademark, copyright, patent, trade secret or intellectual property right made by third parties for any alleged violations by Member, it's agents, employees or assigns. In the event of a claim, the SCCI shall promptly notify the Member in writing by prepaid certified mail (return receipt requested), or by delivery through any nationally recognized courier service (such as Federal Express or UPS), which provides evidence of delivery, at the notice address provided.

The SCCI shall provide all available information and assistance that the Member may reasonably require regarding any claim. In the event that there is a conflict between the Agreement and any other applicable indemnification agreement between the SCCI and the Member, the Agreement which provides the most protection for SCCI shall take precedence. The provisions of this Agreement are severable, and if any one or more provisions may be determined to be illegal or otherwise unenforceable by a court of competent jurisdiction, in whole or in part, the remaining provisions, and any partially unenforceable provisions to the extent enforceable, shall nevertheless be binding and enforceable.

SCCI is the "payer of last resort" and the Member is responsible for using his/her own insurance for accident or injury costs as primary payer. (INITIALS_____)

By becoming a Member of the Sterling community Center, the Member agrees to support the objective of the SCCI to bring together those persons interested in the welfare and improvements of the Sterling community and to promote the educational, social, charitable and civic interests of this area.

Signature of Adult or Senior Members, or parent/Guardian of Youth Member:

Name: _____ **Date:** _____

(if not self, relationship to Member: _____)

Name: _____ **Date:** _____

(if not self, relationship to Member: _____)

Applications Received by: _____ **Date** _____
SCCI Representative