

# DICKINSON HALL

847-234-2209

MEMBERSHIP REGISTRATION MAY 1, 2017 thru APRIL 30, 2018

All information for Dickinson Hall use only

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_ Retired \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
Street City State Zip

Date/Year of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Spouse \_\_\_\_\_ Retired \_\_\_\_\_  
First Last

Date/Year of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Spouse \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_ \$35 per person or \$55 per family

**Residents of Lake Forest, Lake Bluff & Unincorporated Lake Forest, Lake Bluff**

\_\_\_\_\_ \$45 per person or \$75 per family

**Outside of Lake Forest & Lake Bluff e.g.--Highland Park, Deerfield, Libertyville, etc.**

\_\_\_\_\_ \$10 per person or \$15 per family for **Benefit Access Program** participants—

**Reduced fee incomes of less than \$27,610 [individuals] or \$36,635 [couples]**

**FOR RESIDENTS OF LAKE FOREST & LAKE BLUFF ONLY**

\_\_\_\_\_ ***Payment Total***

Please make check payable to the **Lake Forest Seniors**

Send to:

Dickinson Hall

100 East Old Mill Road

Lake Forest, IL 60045

Card Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Amex \_\_\_\_\_

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

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

Please join now or renew your membership today!

By filling out this application and returning it along with your payment, the Newsbrief will be mailed to your home; you will enjoy reduced fees on selected programs & trips and you'll be able to participate in many 'members only' free events throughout the year.

**Please sign the form on back page—your cooperation is greatly appreciated!**



**MISSION STATEMENT**

The Mission of Dickinson Hall  
is to offer adults educational, social and cultural opportunities  
as well as services fostering independence, involvement and continued personal growth  
in a welcoming and dynamic environment.

**Participant Liability Waiver and Hold Harmless Agreement**

Please read this form carefully and be aware that by registering for and participating in the program(s) you will be waiving your rights to all claims for injuries you might sustain arising out of this program(s) and you will be required to indemnify, hold harmless and defend Dickinson Hall and the City of Lake Forest for any claims arising out of participation in said program(s).

"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program. I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program.

"I do hereby fully release and discharge Dickinson Hall and the City of Lake Forest and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which may occur on account of participation in the program.

"I further agree to indemnify, hold harmless and defend the Dickinson Hall and the City of Lake Forest and its officers, agents and employees from any and all claims from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program.

*"In the event of any Emergency, I authorize Dickinson Hall to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I'll be responsible for payment of any and all medical services rendered.*

*"Dickinson Hall may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content."*

Please check the box if you **do not consent**.

"I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement."

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

Spouse Signature: \_\_\_\_\_

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