



The Gathering Place:
"Where Friends Become Family"

Our mission is to provide healthy and active lifestyles for people who are 50 Plus.

127 Kenyon Road, Cobleskill, NY 12043 518-823-4338
5506 State Hwy 7, Oneonta, NY 13820 607-267-4732

Membership Form

All memberships run on the calendar year (January–December).

Choose Your Membership Type (check one):

- ☐ **Annual Membership – \$60** (one-time payment, due January 1) **OR**
- ☐ **Quarterly Membership – \$15 per calendar quarter**
(due Jan 1, Apr 1, Jul 1, Oct 1)

Home Center Location:

_____ **Cobleskill**

_____ **Oneonta**

Donor Membership Levels (optional add-on):

- ☐ **Bronze – \$70** (\$60 membership + \$10 donation)
- ☐ **Silver – \$85** (\$60 membership + \$25 donation)
- ☐ **Gold – \$135** (\$60 membership + \$75 donation)

✨ **Note:** Donations support our programs and are tax-deductible. Thank you for your support!

Member Information

Last Name: _____

First Name: _____

Date of Birth: _____

Nickname: _____

Address: _____

City: _____

State: _____

Zip: _____

☐ **Mailing address is the same**

If different, Mailing Address: _____

Home Phone: _____

Cell: _____

Email: _____

Emergency Contact

Name: _____ *Phone:* _____

Relationship: _____

Other Information (Optional) *(Used for grant purposes only)*

Ethnicity: ☐ Caucasian ☐ African-American ☐ Asian ☐ Other

Newsletter Delivery Method

- ☐ Pick up at Center
 - ☐ Email
 - ☐ Mail (\$15 per year for mailing costs)
-

Agreement

I have read and agree to the Gathering Place 50 Plus Community Center's Code of Conduct. I understand that violation of these rules may result in removal of membership.

Signature: _____ *Date:* _____

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Participant Waiver & Release of Liability

Participant Information

- **Participant's Name:** _____
- **Cell Phone #:** _____
- **Emergency Contact Name:** _____
- **Emergency Contact Phone #:** _____

Waiver & Release

In consideration of being permitted to participate in any and all **Gathering Place 50 Plus Community Center-sponsored activities**, I agree and acknowledge the following:

- I understand that The Gathering Place 50 Plus Community Center and the Schoharie County Council of Senior Citizens, Inc., its officers, employees, and representatives **cannot guarantee that conditions for hikes, trips, classes, or other activities will be suitable for all individuals** with varying health conditions and fitness levels.
- It is **my responsibility to assess my own ability** and to be aware of the inherent hazards and risks associated with participation.
- By signing below, I **accept full responsibility for my own health and well-being** while participating in any activity.
- I hereby **release and hold harmless** the Schoharie County Council of Senior Citizens, The Gathering Place 50 Plus Community Center, its officers, and representatives from any and all claims, including those arising from **negligence**, which may result in personal injury, accidents, illnesses (including death), or property loss.

Acknowledgment & Consent

By signing this form, I acknowledge that I have carefully read and fully understand this waiver and voluntarily agree to its terms.

- **Signature of Participant:** _____
- **Date:** _____



The Gathering Place 50 Plus Community Centers

Code of Conduct Statement

The Gathering Place 50 Plus Community Center is a community-based organization dedicated to improving the lives of older people in our community. Participation in our programs is subject to observance of the Center's rules and procedures.

The following behaviors are strictly prohibited. Any participant or staff member who engages in these activities is subject to discipline, up to and including removal from the program:

- Abusive or disrespectful language toward staff, volunteers, or participants
- Reporting to the program under the influence of drugs or alcohol
- Bringing dangerous or unauthorized materials (explosives, firearms, weapons, etc.) onto Center property
- Discourtesy, rudeness, or harassment (verbal, physical, or visual) of any individual
- Violence or threats of violence toward any person or group
- Conduct that endangers the health, safety, or well-being of others
- Failure to follow agency policies or procedures
- Bullying or taking unfair advantage of another participant
- Failure to cooperate with supervisors, leaders, or instructors
- Misuse, theft, or abuse of the building, equipment, or supplies
- Theft or abuse of another member's property
- Using the building outside of established hours without Executive Director authorization

Additionally, by signing below, I authorize The Gathering Place 50 Plus Community Center and the Schoharie County Council of Senior Citizens, Inc. to publish photographs of me, and my name, for use in printed publications and on the organization's website.

The Center welcomes all eligible members, including those with disabilities. Reasonable accommodations will be provided unless such accommodations present an undue burden to the Center. The Center may exclude an individual who poses a direct threat to the health or safety of others that cannot be mitigated through reasonable modifications.

Member Acknowledgment

I have read and understand the Code of Conduct and agree to abide by it as a condition of my membership.

- Signature: _____
- Printed Name: _____
- Date: _____