

THE JAMES P. NIX CENTER  
MEMBERSHIP FORM



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Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you are a temporary resident, what months are you here? \_\_\_\_\_

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

What type of programs are you interested in? Please be specific. \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION** (Please indicate by a check if any of the following apply to you)

- Heart condition, heart disease (including rheumatic)
- Pacemaker/Internal defibrillator
- Respiratory problems including asthma, chronic asthma, or chronic lung disease
- Insulin dependent
- High blood pressure
- Arthritis
- Back problems
- Other: \_\_\_\_\_

Would you be interested in volunteering? **Yes or No**

**If so, please see one our staff members for more information.**

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## INDEMNITY AND HOLD HARMLESS AGREEMENT

In consideration of the permission granted to me by the City of Fairhope to use the James P. Nix Center of the City of Fairhope, I hereby indemnify and hold harmless the City of Fairhope, its agents, servants and employees from any and all claims and causes of action that may arise from injury to me or third parties using the facilities at the James P. Nix Center who are injured or suffer property damage that is in any way caused by my use of the James P. Nix Center. This indemnity and hold harmless agreement is given to the City of Fairhope to protect the City and its agents, servants and employees from cost of defense and claims for injuries and damages that may be caused either directly or indirectly by my use of the James P. Nix center.

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

Payment Type:  Cash  Check # \_\_\_\_\_  Credit/ Debit Card

Receipt #: \_\_\_\_\_ Employee's Initials: \_\_\_\_\_

\* Please email form to [kim.ryland@fairhopeal.gov](mailto:kim.ryland@fairhopeal.gov)\*