



**2025 Membership Form**  
**Cost is \$18 per person, per calendar year**

Name(s): \_\_\_\_\_  
(Please list your name as you would like it to appear on your name tag)

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

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

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

**Emergency Contact Information**

Name	Phone Number	Relationship
1.		
2.		

**Do you live in Plainfield Charter Township? YES NO (Circle one)**

**Do you live in the Northview Public School District? YES NO (Circle one)**

*For demographic use only*

**Would you like to receive your newsletters by mail or email only? MAIL MAIL ONLY (Circle one)**

*Northview Senior Citizens does not have residency or age requirements*

**WAIVER OF LIABILITY**

To the fullest extent permitted by law, I agree to defend, pay on behalf of, indemnify, and hold harmless Northview Public Schools ("NVPS"), its elected and appointed officials, employees and volunteers and others working on behalf of NVPS against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from NVPS, its elected and appointed officials, employees, volunteers or others working on behalf of the NVPS, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with my use of facilities pursuant to the use agreement.

I understand that NVPS is not responsible for personal property lost or stolen while I am using NVPS facilities or on NVPS premises. I grant permission to NVPS to use, without limitation or obligation, photographs and videos that may include an image or voice of myself or the above noted registrant for the purposes of promoting NVPS Community Education programs, and waive any copyright claim I may have in, and to, such photographs and video.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Make checks payable to: *Northview Public Schools*

**Mail to: Northview Senior Citizens**  
**4365 Hunsberger N.E.**  
**Grand Rapids, MI 49525**