

# Community Pass Application

The all-access guide to our  
enrichment center.



800 Cheshire Road  
Delaware, Ohio 43015  
740-363-6677  
**MySourcePoint.org**

## Enrichment Center Policies

- SourcePoint is a smoke-free and weapons-free facility both inside and out, including all surrounding property.
- We reserve the right to revoke community passes.
- We reserve the right to welcome nonmembers of any age to participate in occasional special events and activities at our discretion.
- Cancellation Policy: You will receive a refund for fee-based activities canceled by SourcePoint or for activities from which you withdraw before the deadline. Refunds are not available for activities you are unable to attend. (A program may be canceled by SourcePoint due to unforeseen circumstances, such as inclement weather.)
- Enrichment Center hours may change.
- There is no lifeguard on duty at the pool.
- During programs, participants may be photographed by staff for publicity purposes. If you prefer not to have your photograph taken, please inform the photographer or contact the main office.

## Participant Rights and Responsibilities

SourcePoint is committed to providing an inviting, safe environment for program participants and the community at large. Staff, volunteers, and board members strive to create programs and activities that provide intellectual stimulation, improve your physical well-being, and allow for social engagement on multiple levels. We recognize that each individual has the freedom of choice with regard to participation and expect all involved to respect the rights of others. Your rights and responsibilities as a participant include:

- You will be treated in a considerate and respectful manner, and are expected to treat others the same.
- You will be provided with services without discrimination as to age, race, religion, sex, national origin, sexual orientation, gender-identity expression, or source of payment.
- You have the right to voice grievances and/or suggest changes through program evaluations and/or contacting the membership specialist or enrichment center management.
- Your personal information will be used internally on an as-needed basis, and will not be shared with other participants or third-party vendors.
- Refrain from language, conduct, or behavior deemed inappropriate, threatening, or offensive, including unwanted physical contact with other participants, staff, volunteers, and guests, as well as behaviors that result in damage or theft of SourcePoint property.
- While in the center, you are expected to engage only in SourcePoint-associated activities; dress appropriately for activity and weather; and follow the Use of Technology policies posted at each computer station. You also are expected to be able to function independently while in the center or to provide your own support services as needed. (Someone functioning as an aide does not need to register for the care recipient's activities.)

# Waiver of Liability

In consideration of:

- (I) SourcePoint undertaking to provide services, programming, equipment and/or facilities; and
- (II) my registration, attendance, participation, or use of such services, programs, equipment, or facilities of SourcePoint,

I affirm and acknowledge the following, now and into the future, whether as a participant or not at SourcePoint:

**Affirmation of Health and Assumption of Risk:** I take personal responsibility for my health, safety, and well-being, and I have determined that I can safely participate and/or attend the activities I choose.

I understand there is risk associated with my participation in SourcePoint activities and agree that this document serves notice that I am aware there are inherent risks of injury, illness, or death, due to my choosing to participate in any program or activity. I agree to assume all such risks that my participation in an activity may pose, and I accept responsibility for taking any and all steps I deem appropriate and necessary to safeguard my personal health and safety. I understand and agree to follow all SourcePoint policies, procedures, rules, or governing regulations, relating to my participation in any program or activity that I register for and/or attend, including those imposed by a third-party vendor to SourcePoint.

**Promotional Use of Image and Name:** I hereby grant and give SourcePoint the right to use my image (photograph or video), with or without my name for the purpose of presentations, advertising, publicity, and promotion.

**Waiver of Liability for Negligence:** By my registration and/or participation in SourcePoint programs or activities, I hereby forever release, waive, and relinquish any claim for negligence I have or may have as a result of participating in any activity or activities under the auspices of SourcePoint. My release and waiver hereunder shall apply also to my heirs, executors, administrators, and assigns. Further, I will not hold SourcePoint liable as to the errors or omissions of any third-party vendors or service providers, including by way of example rather than limitation, travel agents, or tour companies.

**Indemnification/Hold Harmless:** I agree to hold harmless and reimburse SourcePoint and its Board of Directors, officers, employees, instructors, volunteers, co-participants, rescuers, and others from any and all claims, liabilities, arising from accident, injury, and illness I may suffer as a result of my participation in any activity or activities.

**Choice of Law, Venue, Miscellaneous:** Any dispute or claim by me against SourcePoint shall be governed under the laws of the State of Ohio, without regard to its principles of conflict of laws. Venue shall be in the courts having jurisdiction in Delaware County, Ohio. These choice-of-law and venue requirements apply to any activity, whether inside or outside Delaware County, Ohio, or the U.S. If any part of this Waiver of Liability is found by a court of competent jurisdiction to be unenforceable, then the balance of this document shall still be enforceable to the maximum extent of the law in the State of Ohio.

## Your Acknowledgment

*When you complete your application, you will be asked to verify that you acknowledge and consent to the enrichment center policies, participant rights and responsibilities, and waiver of liability outlined in this document.*

## Enrichment Center Hours

Monday through Thursday, 8 a.m. to 8 p.m.

Friday, 8 a.m. to 5 p.m.

Saturday, 8 a.m. to noon.

Cafe 55 is open Monday through Friday, 11 a.m. to 1:30 p.m., and is open to the public.

## Free Access

Access is available to Delaware County residents ages 55 and better at no annual fee.

Everyone is asked to scan their community pass upon arrival at a customer service desk.

## Activities

Activities are scheduled quarterly, with nearly 200 programs each session in six major categories: arts, fitness and wellness, learning, social connections, transitions in aging, and trips. Some activities are fee-based, while others are offered at no additional cost.

For more information about current activities, registration, and fees:

- Go to **MySourcePoint.org/EC**.
- Pick up a flyer located in wall displays.

Participants should register for all activities they plan to attend. Participants can register and pay, if applicable, online or at the customer service desk.

The aquatic center is designed as a warm-water exercise pool: the water is 3 to 5 feet deep and 86 to 89 degrees. We offer instructor-led classes, opportunities to exercise on your own, and recreation. Participants are asked to bring water shoes and towel(s) when using the pool.

The fitness center requires a one-time orientation before first use.

## Renew Active, SilverSneakers, Silver&Fit

Individuals ages 65 and older eligible for Renew Active™, SilverSneakers®, or Silver&Fit® insurance programs receive waived fees\* for the fitness center, Silver classes, pool walking, and water volleyball.

*\*Silver&Fit members must declare SourcePoint as their designated facility. Silver programs are national; Delaware County residency is not required to participate.*

## Guest Passes

A guest pass is \$5 per day, available to individuals ages 21 and older who are not otherwise eligible for a community pass. Instructor-led, fee-based classes are not included. Guests wishing to participate in an activity must sign a Guest Waiver Form, located at the greeter's desk.

## Financial Assistance

Financial assistance is available to Delaware County residents who apply and meet certain eligibility requirements. Assistance may be used to cover class, program, or activity fees. The Enrichment Center Scholarship Fund benefits from private donations. You may apply at the customer service desk or by calling 740-363-6677.

## In-Home Care Services

In addition to community-based programs, SourcePoint also provides in-home care services that help Delaware County residents ages 55 and older remain living safely in their own homes, including Meals on Wheels, emergency response systems, personal care, and more.



## Give the Gift of Healthy Aging

Generous giving makes an impact in our community, improving the lives of those ages 55 and older in Delaware County. Gifts to SourcePoint reach far and wide across the organization, supporting vital in-home care services, Meals on Wheels, community programs, and more.

**For more ways you can make an impact, go to [MySourcePoint.org/give](https://MySourcePoint.org/give).**



# Community Pass Application

800 Cheshire Road, Delaware, Ohio 43015

740-363-6677 | **MySourcePoint.org**

Date \_\_\_\_\_

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

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

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_

Email Address \_\_\_\_\_

*By providing your email address, you consent to being contacted in connection with your participation and to receive e-newsletters. You may, at any time, opt out of any subscriptions.*

Gender  Male  Female  Transgender  Other  Prefer not to answer

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact _____	_____	_____	_____
	First Name	Last Name	Relationship

Emergency Contact Phone \_\_\_\_\_

Renew Active/SilverSneakers/Silver&Fit ID # (if applicable) \_\_\_\_\_

Are you interested in learning about volunteer opportunities?  Yes  No

How did you learn about SourcePoint?  APS/Emergency Services  Attended an Event  Direct Mail

Doctor/Medical  Faith Organization/Staff  Friend/Family  Communicator/SourcePoint Material

Newspaper  Online (Website, Social)  Partner/Service Organization  Radio

Do Not Know  Other \_\_\_\_\_

I would like to donate to the enrichment center in support of growing membership and program needs.

\$250  \$100  \$50  \$25  Other

***I am interested in learning more about scholarships. Please contact me.***

### ***Demographic Information (To be kept confidential; collected for funding and reporting purposes)***

Marital Status  Divorced  Legal Separation  Married  Other  Single (Never Married)

Unknown/Refuse to Answer  Widowed

Including yourself, how many people live in your home? \_\_\_\_\_

Race/Ethnicity  Asian  Black, African-American  Hispanic/Latino  Multi-Racial

Native American or Alaska Native  Native Hawaiian/Pacific Islander  White/Caucasian  Other

Primary Language \_\_\_\_\_

Are you living with a disability?  Yes  No      Are you living in poverty?  Yes  No