

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.



EMERGENCY CARD/WAIVER FORM
Maplewood Senior Center

Please Print All Information

Last Name _____ First Name _____

Address _____ City _____ Zip Code _____

Phone # _____ Date of Birth _____ Male _____ Female _____

ETHNICITY

___ Black/African American ___ White ___ Hispanic/Latino ___ American Indian/Native American
___ Asian ___ Pacific Islander ___ Hispanic/Latino ___ Multi-racial ___ Other

INCOME

___ \$0-\$12,490 ___ \$12,491-\$16,910 ___ \$16,911-\$21,330 ___ \$21,331-\$25,750 ___ \$25,751-\$30,170

HOUSEHOLD - How many people are in your household?

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

EMERGENCY CONTACTS

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name of Physician _____ Phone # _____

Medical Conditions _____

Medications _____

PARTICIPANT INFORMATION RELEASE

I give my permission to the City of Garden City (“City”) Maplewood Senior Center (“Center”) to release information provided on this form. I understand that this information will only be used for emergency purposes by the City and the Center employees and medical professional, such as EMT’s.

Print Name _____

Signature _____ **Date** _____

I **DO NOT** want to release the information on this form. _____ (initial here)

Please see other side





GENERAL RELEASE AND WAIVER OF LIABILITY

**CITY OF GARDEN CITY
MAPLEWOOD SENIOR CENTER**

For the consideration of using the facilities and services of the City of Garden City (“City”) Maplewood Senior Center (“Center”) and/or by my attendance at any of the programs, activities, trips, or functions of the Center, receipt of which I hereby acknowledge, I expressly agree to the following:

- 1. Release and Waiver of Liability.** I agree that the City and the Center shall have no liability, responsibility, obligation, or duty whatsoever in connection with my involvement or participation in any programs, activities, trips or functions sponsored or hosted by the City or the Center (the “Programs”). I hereby release and discharge the City and the Center and their employees, elected and appointed officials, officers, agents, attorneys, successors, and assigns, from any and all claims, demands, suits, liabilities, damages, costs, expenses, actions, rights or causes of action of any kind or nature, whether known or unknown, foreseen or unforeseen, accrued or contingent, arising from or by reason of or in any way connected with my involvement or participation in the Programs. I hereby waive all claims for liability against the City and the Center.
- 2. Hold Harmless.** I agree to defend and hold harmless the City and the Center, and their employees, elected and appointed officials, officers, agents, attorneys, successors, and assigns from and against all suits, damages, expenses, and consequences of liability imposed on the City and the Center that are caused by my acts or omissions in connection with the Programs.

I have carefully read this General Release and Waiver of Liability and fully understand its contents. I am aware that this is a release of liability and a contract between the City of Garden City and me, and I sign it of my own free will.

Print Name _____

Signature _____

PHOTO RELEASE WAIVER

For valuable consideration, receipt of which I hereby acknowledge, I hereby grant the City of Garden City (“City”) Maplewood Senior Center (“Center”) permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the City and the Center and will not be returned. I hereby hold harmless, release, and forever discharge the City and the Center from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature & Date _____

I DO NOT grant permission to use my likeness in photograph, video, or other digital media.

Initial & Date Here _____

<h2 style="margin: 0;">Senior Fitness Room</h2> <h2 style="margin: 0;">Membership Form</h2>

The Senior Fitness Room consists of various cardiovascular & strength training equipment. There are no Senior Fitness Room attendants; it is suggested that participants use the facility with a workout partner. You should check with your doctor before beginning any exercise routine.

I acknowledge that I have been encouraged to consult a physician before beginning any type of exercise program.

Participant Name (PLEASE PRINT) _____

Participant Signature _____

Date _____

Employee Signature _____

Date _____

Membership # _____ Access Card # _____

Fee:	Receipt #:
Start Date:	Expires:
Fee:	Receipt #:
Start Date:	Expires:
Fee:	Receipt #:
Start Date:	Expires: