



Alabaster Parks and Recreation Department
Senior Program Registration Form

Today's Date _____

Name: _____

Address: _____ City: _____

State: AL Zip: _____ Home Phone: _____ Cell Phone _____

Age: _____ Birthdate _____

Email Address: _____

EMERGENCY INFORMATION

Name of person (s) to contact in case of an emergency.

1. _____ Relationship to participant: _____

Phone Numbers (H) _____ (C) _____
(W) _____

Address _____ State _____ Zip _____

2. _____ Relationship to participant: _____

Phone Numbers (H) _____ (C) _____
(W) _____

Address _____ State _____ Zip _____

MEDICAL INFORMATION:

Recent illnesses, physical conditions, limitations: _____

Current medications you are taking: _____

Allergies to food/drugs/insect/other: _____

Hospital of choice: _____

Doctor's Name: _____ Phone: _____

Additional information we need to know:

Four horizontal lines for additional information.

City of Alabaster Senior Center
Activity Release and Waiver of Liability/Assumption of Risk Agreement

Authorization for Necessary Medical Care

I authorize the Alabaster Senior Center to obtain necessary medical care and treatment for any illness or injury occurring while on the Alabaster Senior Center premises, but I understand the Alabaster Senior Center is not assuming a duty to obtain medical treatment, make medical decisions, or render medical care or treatment. I understand that the Alabaster Senior Center has no accident or medical payment insurance coverage for participants and **I AGREE TO PAY ALL REASONABLE MEDICAL COSTS INCURRED, IF TREATMENT IS OBTAINED.**

Personal Property/Transportation Disclaimer

I understand that the Alabaster Senior Center **ASSUMES NO LIABILITY FOR LOST, STOLEN OR MISPLACED ITEMS.** I release the Alabaster Senior Center and its agents, servants, and employees from all claims, actions, causes or action and rights of recovery or reimbursement of any type that I have or may have in the future which arise from or are related in any manner to the program/activity (including, but not limited to, claims of bodily injury and property damage or loss). **I ASSUME ALL RISKS AND HAZARDS INCIDENT TO PROGRAM PARTICIPATION AND TRANSPORTATION TO AND FROM SAME.**

Release of Photographs

I understand there will be opportunities for photographs to be used for promotional/informational purposes (e.g. print publications, display at City of Alabaster's facilities and/or posted on City of Alabaster website, on-air and/or print media.

▶ I **grant** **deny** (circle one) permission to have my photograph(s) used for such purposes.

Physical Fitness Programs

IN CONSIDERATION of being permitted to participate in the Alabaster Senior Center Fitness Programs and use Indoor and Outdoor Fitness Equipment and Exercise Programs (physical activity), I, for myself, for my personal representatives, attorney-in-fact, assigns, heirs, and next of kin:

ACKNOWLEDGE, agree and represent that I understand the nature of Physical Activity, have been trained to use all equipment and will use it in the manner trained. I will follow all rules, therefore, and that I am qualified, in good health, and in proper physical condition to participate in such activity, and that I have consulted my **PHYSICIAN** before beginning the Physical Activity. I further agree and warrant that, if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.

I FULLY UNDERSTAND THAT

- a. Physical fitness activity involves risks and dangers of serious bodily injury, including permanent disability, paralysis, and death ("RISKS")
- b. These risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place, or the negligence of the "RELEASEES" named below
- c. There may be other risk and social and economic losses, either not known to me or not readily foreseeable at this time and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY** for losses, costs, and damages I incur as a result of my participation in the activity.

▶ I **completed** **declined** (circle one) training on outdoor equipment.

Date Completed _____

General Release

I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the City of Alabaster or the Alabaster Senior Center, their respective administrators, directors, members, volunteers, and employees or other participants (each considered one of the "RELEASEES" herein) from **ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES** on my account caused or alleged to be caused, in whole or in part, by the negligence or the "RELEASEES" or otherwise, including negligent rescue operations and **I FURTHER AGREE** that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the "RELEASEES", I will indemnify, save, and hold harmless each of the "RELEASEES" from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I have read this agreement, FULLY UNDERSTAND ITS TERMS, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature. I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT, IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature: _____

Printed name of participant: _____

Date signed: _____

Staff: _____