

Senior Center Registration Form

PLEASE PRINT

First Name _____ M.I. ____ Last Name _____

Date of Birth _____

Phone _____

Cell Phone _____

Address Line 1 _____

Address Line 2 _____

City _____

State / Province _____

Zip / Postal Code _____ County _____

E-Mail _____

Emergency Name _____

Emergency Relation _____

Emergency Phone _____

Ethnic Status __ (circle) African American, Asian American, Caucasian (White), Native Hawaiian

Hispanic/Indian, Hispanic, Indian Asian, Native American, Other _____

Gender __ (circle one) Male Female

Head of House __ (circle one) Yes No

Senior Lives Alone __ (circle one) Yes No

Lives in rural area __ (circle one) Yes No

Are you a Military Veteran __ (circle one) Yes No

ANNUAL INCOME – OPTIONAL

- ☐ 0 – 9999
- ☐ 10000 - 19999
- ☐ 20000 - 29999
- ☐ 30000 - 49999
- ☐ 50000 - 74999
- ☐ 75000 or more
- ☐ Unknown

(Continue on back)

Iredell Council on Aging
Warning, Liability, Release, Acknowledgement and Assumption of Risks

I understand that participating at a facility or receiving services provided by the Iredell Council on Aging, as a participant, client, and/or volunteer, involves the risk of injury. These risks include sprains, strains, cuts, burns and any other injuries associated with activities, classes, events, fundraisers, services, programs, volunteer opportunities, and/or trips.

By signing this form, I hereby assume all risks and hazards incidental to the conduct of Iredell Council on Aging activities, classes, events, fundraisers, services, programs, volunteer opportunities, and/or trips, and transportation to and from said activities, classes, events, fundraisers, services, programs, volunteer opportunities, and/or trips. I acknowledge all risks of injury and death and I affirm that I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the activities, classes, events, fundraisers, services, programs, volunteer opportunities, and/or trips and to follow the reasonable instructions of the COA staff, teachers, drivers, escorts and supervisors of the activities, classes, events, fundraisers, services, programs, volunteer opportunities, and/or trips.

In the event of injury, I do expressly waive any legal rights I may have to seek payment of any kind and waive all claims against them. I also understand that insurance coverage is not provided by the Iredell Council on Aging.

Physical, Health & Wellness Programs & Classes: I do hereby waive, release, and forever discharge Iredell Council on Aging, its directors, employees, representatives, volunteers, and contractors (including but not limited to water exercise instructors, tai chi instructors, exercise instructors and line dance instructors) from any and all responsibility or liability from my participation in physical, health & wellness programs and/ or classes, i.e., exercise, line dancing, tai chi, health screenings, et al. I understand the nature and extent of the risks that I am assuming and that I am assuming them at my sole risk and responsibility. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or I declare myself physically sound and not suffering from any impairment that could prevent me from undertaking the physical, health & wellness programs and/or classes.

I understand that by participating in Iredell Council on Aging, activities, classes, events, fundraisers, services, programs, volunteer opportunities, and/or trips that photographs and/or videos may be taken of me at any time. I give my permission for the Iredell Council on Aging to take my photograph and/or video and show or use my picture and/or video as Iredell Council on Aging deems necessary.

 I do not give my permission for the Iredell Council on Aging to take my photograph, and/or video and show or use my picture and/or videos as Iredell Council on Aging deems necessary.

I also understand that I may need to sign additional waiver forms for specific activities, classes, events, fundraisers, services, programs, volunteer opportunities, and/or trips as required by the Iredell Council on Aging.

*You may request a signed copy of this waiver at any time by calling the Iredell Council on Aging office.

Printed Name _____

Signed: _____ Date: _____

COA Staff: _____ Date: _____

Iredell Council on Aging
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