



Southern Nash Senior Center

Date: _____

REGISTRATION FORM

(A PICTURE ID MAY BE REQUIRED TO VERIFY YOUR AGE, THANK YOU)

Name _____ Date of Birth _____
(First) (Middle Initial) (Last) (Month/day/year)

Mailing Address _____
(Street)

City _____ State _____ Zip Code _____

Phone Number _____ County _____

Email Address _____

Please circle: Male Female Marital status: Single Married Widowed

Race: _____ How would you like to receive The Senior Scoop, senior center newsletter?
 Pick up at senior center By email

Allergies: _____

Medical Conditions: _____

In the event of an emergency, whom should the Southern Nash Senior Center contact? Please provide two (2) names, phone numbers, and their relationship to you.

(Name) (Relationship) (Phone)

(Name) (Relationship) (Phone)

Southern Nash Senior Center

Warning, Liability, Release, Acknowledgement, and Assumption of Risks

I understand that participation in this facility, the Southern Nash Senior Center, involves risk of injury. These risks include sprains, strains, cuts, burns, and any other injuries associated with exercising, craft making, cooking, etc.

By signing this form, I acknowledge all the risks of injury and death and 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 program and to follow the reasonable instructions of the teachers and supervisors of the program.

Furthermore, in return for the opportunity to participate in this program I agree for myself, and for my heirs, assigns, executors, and administrators, to waive any legal rights I may have to seek payment of any kind from Nash County, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from all causes and includes all payments or legal remedies I might be entitled to except if my injury or death were to be caused by the negligence of Nash County, its employees, or its agents.

In the event the staff of the Southern Nash Senior Center (the "Staff") determines, in its sole discretion, that I am in need of medical attention or observation, I hereby acknowledge and agree that the Staff may contact 911 emergency service personnel without my consent or the consent of any other person or entity.

PHOTOGRAPHIC, VIDEO, AND AUDIO PUBLICITY RELEASE

I give permission for the Southern Nash Senior Center, Nash County, partnering agencies, and media staffing to take photographs, record video, record audio or otherwise record images including likenesses for marketing, education, or promotion of Senior Center Programs. This may include, but not limited to, publications in newspapers, TV Commercials, online Newsletters, Social Media-Face Book, brochures, and flyers. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I expressly release the Southern Nash Senior Center, Nash County, its agents, partnering agencies, employees, licensees, and assigns from any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other cause of action arising out of the use, adaptation, reproduction, distribution, broadcast, or exhibition of such recordings of my image, voice, or likeness. Consent shall be effective on the date listed below with the signature.

I have read and understood all the provisions in this participation release.

Signature

Date

For Office Use Only:

Staff Collecting Form: _____
Date Collected: _____
Date Entered: _____