



Senior Center of Elk Grove Member Information Form

PLEASE COMPLETE IN FULL

Last Name: _____ First Name: _____

Address: _____

City: _____ Zip: _____

Cell Phone: _____ 2nd Phone: _____

Email Address: _____

Date of Birth: _____ Gender _____

Emergency Contact 1: _____

Relationship: _____ Phone: _____

Emergency Contact 2: (Optional) _____

Relationship: _____ Phone: _____

Newsletter Preference (please check one): Mail _____ Email _____

Notification Texts Preference Yes _____ No _____

Please Complete and Sign on Back



Office Use Only

Membership Card Number _____ Input Date _____ By: _____

Change Date: _____ By: _____ / Change Date: _____ By: _____

Senior Center of Elk Grove



Your Everything Center

Senior Center of Elk Grove Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering for and/or participating in programs sponsored by the Senior Center of Elk Grove (SCEG), you will be waiving your rights to all claims for injuries you might sustain arising out of participation.

Risk of Injury: As a participant in SCEG activities, I recognize, comprehend, and acknowledge that there are certain risks of physical injury, including but not limited to, death and I agree to assume the full risk of injuries, including death, damages, or losses which I may sustain while participating in any and all activities associated with said participation. It is acknowledged that despite the commitment of SCEG to adhere to county, state, and federal guidelines with reference to prevailing professional healthcare standards to limit the transmission of COVID-19 or the introduction of any virus or illness capable of inducing physical distress, illness or disease or the threat thereof such may occur despite precautions.

Waiver of Injury Claims: To the full extent allowed by law, I agree to waive, release, and hold harmless SCEG from any and all claims or demands that I may have arising out of, connected with, or in any way associated with the activities of SCEG.

Release of Liability: Further, I do hereby fully release and discharge SCEG and its Directors, Officers, Agents, Volunteers, Employees, and the landlord of SCEG, the City of Elk Grove, from any and all claims from injuries or damages, including death which I may incur, or which may occur on account of participation in SCEG activities. Said release of liability extends to my heirs and successors.

Indemnity and Defense: I further agree to defend, indemnify, and hold harmless SCEG and its Directors and Officers, Agents, Volunteers, Employees, and the City of Elk Grove from any and all claims or demands from injuries, including death, damages and losses sustained by me and arising out of, connected with or in any way associated with activities of SCEG.

In the event of any emergency, I authorize SCEG to secure from any licensed hospital, physician and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered to me.

If any provision of this Agreement is held to be invalid or unenforceable, all other provisions of this Agreement shall be construed to remain fully valid, enforceable, and binding. My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it, and I understand it, and understand it affects my legal rights. I agree to be bound by its terms. I agree to adhere and follow any and all safety protocols when I participate in any activities arising out of, connected with, or in any way associated with SCEG.

I certify that the information in this application is true and correct. I understand that the falsification of this information may result in denial of services. I understand all information will be kept confidential, and only the information required to provide services will be disclosed to those who perform the services. I agree to abide by all rules and procedures of the SCEG.

Photography: SCEG program activities may be photographed, videotaped, and audiotaped for use on Senior Center of Elk Grove websites and/or used for educational, publicity, or fundraising purposes. Your signature below indicates your permission to appear in videos, photos, or audio recordings without compensation (e.g., as part of brochures, slide shows or program websites) for the benefit of SCEG's purposes.

Participant Printed Name _____

Participant Signature  _____ **Date** _____

Staff/Volunteer Signature _____ **Date** _____