EAST GREENWICH SENIOR AND HUMAN SERVICES MEMBERSHIP FORM

_____ _____
Today's Date Date of Birth

_____
Last Name First Name Suffix

_____
Street Address City, State Zip Code

_____
Home Phone Number Cell Phone Number Email Address

_____
Primary Doctor Phone Number

_____
Emergency Contact's Name Relationship (1) Phone Number (2) Phone Number

_____
Emergency Contact's Name Relationship (1) Phone Number (2) Phone Number

Medical Conditions_____

Medications_____

Allergies _____

EAST GREENWICH SENIOR AND HUMAN SERVICES
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I agree to the unreserved use of my name and/or likeness (including photographs, videotapes and other depictions) for publicizing East Greenwich Senior and Human Services activities. I hereby WAIVE, RELEASE and DISCHARGE any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in a Senior Services physical activity. This release is intended to discharge in advance the Town of East Greenwich, the Town Council, its officers, agents, volunteers and employees from and against any and all liability arising out of or connected with my participation in a Senior Services physical activity. I have read the description in the monthly newsletter for the activity for which I will participate and I am aware that this activity subjects me to physical risks and dangers. Nevertheless I voluntarily agree to assume any and all risks of injury or death, and to release, discharge and hold harmless all of the entities or persons mentioned above. It is understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns.

SIGNATURE OF PARTICIPANT: _____

MEMBERSHIP RENEWAL DATES