

EAST GREENWICH SENIOR SERVICES REGISTRATION FORM
Swift Community Center, 121 Peirce Street, East Greenwich, RI 02818

Date: _____ {PLEASE PRINT}

Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Cell Phone: _____

E-mail: _____

Gender: _____

***Race & Ethnic Background (Check All That Apply):** American Indian or Alaska Native: _____

Asian: _____ Black or African American: _____ Hispanic or Latino: _____

Native Hawaiian or Other Pacific Islander: _____ White: _____

*Ethnic background is sometimes required by State and Federal agencies. All information retained as confidential records by East Greenwich Senior Services.

In case of emergency, please notify:

Name: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____

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 Services activities. In accordance with Section 7-6-9 of the Rhode Island General Laws, 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: _____