



# The Community for Positive Aging

*The Next Chapter of The Hollywood Senior Center*

## Community for Positive Aging Participant Registration and Release

### General Information

Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact Information

EC Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

EC Phone Number: \_\_\_\_\_

Staff/Volunteer use only: (Date in Boxes)

Keycard

#: \_\_\_\_\_

*MySeniorCenter*

*Donor Database*

*MailChimp*

*Complete*

# Acknowledgement of Risk & Waiver of Liability

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. I voluntarily participate in the activity and assume the responsibilities and risks resulting from my participation, including all risk of injury to myself. I agree to comply with all of the rules and conditions of participating in the activity. I will indemnify and hold the Community for Positive Aging and agents (hereafter referred to as CFPA) harmless with respect to any and all claims, injuries, and costs associated with my participation in this activity.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend CFPA from any claim by the aforementioned parties arising out of my participation in the activity.

PLEASE NOTE: An inherent risk of exposure to COVID-19 exists in any public place where people are present. By attending Community for Positive Aging activities you voluntarily assume all risks related to exposure to COVID-19 and you agree to hold the Community for Positive Aging and all activity partners harmless from any claims related to COVID-19.

## MEDICAL INFORMATION

I hereby certify that, with or without accommodations\*, I have no health-related reasons or problems that preclude or restrict my participation in the activity.

I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain.

## SIGNATURE

In signing this Acknowledge of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms and contractual and not mere recital.

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Signature

Date