

SCAN CARD NUMBER: _____



**DENNIS SENIOR CENTER
MEMBER REGISTRATION FORM**

NAME _____ Birth Date: ____/____/____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Address: _____ Town: _____ Zip code _____

Emergency Contact:

Name: _____

Relationship: _____ Phone #: _____

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Languages: _____ Allergies: _____ Disabilities _____

Veteran: YES NO Branch of Service _____

During the past year did you provide assistance to a family member? YES NO

Are you receiving outside services like Elder Services, Home Health, VNA? YES NO

If yes, please explain: _____

Are you limited in activities due to a medical issue? YES NO

If yes explain: _____

Would you like to volunteer at the Dennis Center for Active Living? Yes NO

Release Acceptance: I understand and agree that the information contained on this form may be released for statistical, quality assurance and other reporting purposes and my personal identifiable information (name, address, etc.) will not be shared. I understand the data collection storage and transmission will comply with all local, state and federal privacy protection laws. I authorize the use of activity photos in which I appear.

SIGNATURE _____ DATE _____



DENNIS SENIOR CENTER RELEASE OF LIABILITY AND USAGE AGREEMENT

In consideration of my voluntary participation, and the use of the Dennis Senior Center facilities for programs and activities for the purpose of exercising and improving my overall health, wellness, and fitness, and during my participation and usage, I, the undersigned, hereby agree to release, discharge and covenant to hold harmless the Town of Dennis, the Dennis Council on Aging, and any of their subdivisions, representatives, volunteers, employees, directors, agents, affiliates, servants, employees, or any of them (hereinafter, collectively referred to as "Dennis"), from any and all damages, claims, costs, obligations, liabilities, actions, suits, proceedings, claims, demands, losses, costs and expenses (including attorney's fees) that may arise out of or in connection with my use or participation in said programs and activities. I further agree that "Dennis" can bear no liability or responsibility for or to me for any personal injury sustained by me while on or while using "Dennis" facilities or participating in any activities as described above.

I acknowledge that I am aware that physical activities may subject me to physical risks and dangers and I voluntarily agree to assume any and all risks of injury, property damage or death arising out of or in connection with my participation in classes and /or use of facilities at the Dennis Senior Center.

I have sought the advice of my physician who has cleared me to participate in said programs, activities and/or events. This agreement and release shall be binding by my heirs, assigns, executors, administrators and other representatives.

I also agree that, as a participant in programs and activities, or as a volunteer, and/or during my use of the property and/or equipment at the Dennis Senior Center I shall maintain all facilities in good order during my usage thereof. I also agree to keep the premises free of trash, litter and refuse.

I, the undersigned, further acknowledge that I have read the Release of Liability and Usage Agreement, acknowledge that it affects my legal rights and agree that I am entering into it of my own free will and with full knowledge and understanding of the substance, content and effect of this Release of Liability and Usage Agreement.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMERGENCY CONTACT: _____

TELEPHONE: _____

RELATIONSHIP TO PARTICIPANT: _____