INFORMATION FOR THE HURST SENIOR ACTIVITIES CENTER

PLEASE PRINT ALL INFORMATION

Name_____D.O.B._____

Address_____

Apt. #

_____

City State Zip

Email Address_____

Home Phone _____Work Phone _____Cell Phone _____

Opt in for Online Registration Yes_____ No_____

PLEASE LIST ONE PERSON NOT LIVING WITH YOU AS AN EMERGENCY CONTACT:
(Please specify if phone number is home or cell, thank you)

Name _____ Relationship _____Phone_____

Name _____ Relationship _____Phone_____

RELEASE OF LIABILITY

For the valuable consideration of being allowed to participate in the City of Hurst Senior Activities Center and its programs, or use the Center's facilities, I recognize and acknowledge the risk of physical injury and agree to assume the full risk of any injuries, including death or damages, that may result from an injury sustained while participating in activities related to the Senior Center's programs whether they be onsite or offsite or from using the Senior Center's equipment.

I DO FULLY RELEASE, INDEMNIFY AND HOLD HARMLESS THE CITY, ITS EMPLOYEES AND OFFICERS FROM THEIR OWN NEGLIGENCE FOR FAILURE TO PROPERLY DESIGN, INSPECT OR MAINTAIN THE EQUIPMENT OR SUPERVISE THE ACTIVITIES TO BE ENGAGED IN OR EQUIPMENT TO BE USED BY THE UNDERSIGNED AND FOR ANY ACTS OF THIRD PARTIES.

The City does not provide any medical or other insurance protection or benefits for those who use recreational equipment or engage in activities on City Premises or offsite during Senior Center programs or trips.

BY SIGNING THIS, I ACCEPT ALL RESPONSIBILITY FOR INJURIES WHICH MAY BE INCURRED AND STATE THAT THE BEFORE MENTIONED TERMS AND GUIDELINES HAVE BEEN READ AND ARE AGREED UPON.

_____

Signature of Participant/User Date