

Participant Information Form



Participant Information

Last Name			First Name				Middle Initial				
Address				City			State		Zip		
Date of Birth			Cell Phone Number				Home Phone Number				
May CHMRSCC contact you by email?				<input type="radio"/> Yes		<input type="radio"/> No		Email Address:			
<input type="radio"/> Male	<input type="radio"/> Female		<input type="radio"/> White	<input type="radio"/> African American		<input type="radio"/> Native American Indian		<input type="radio"/> Hispanic		<input type="radio"/> Asian	<input type="radio"/> Other:
Gender			Ethnicity								

Spouse Information

First Name	Last Name	Cell Phone Number

Emergency Contact Information

(Must Provide 2)

First Name	Last Name	Relationship
Home Phone Number	Cell Phone Number	Work Phone Number
<u>Emergency Contact Information II</u>		
First Name	Last Name	Relationship
Home Phone Number	Cell Phone Number	Work Phone Number

CONNIE HUDSON MOBILE REGIONAL SENIOR COMMUNITY CENTER
 3201 HILLCREST ROAD MOBILE, AL 36695
 Phone: 251.602.4963 Fax: 251.661.0236

Liability Waiver and Release

Please read this form carefully and be aware that the execution of this document will waive and release all claims for injuries you may sustain while using our equipment/facilities.

I on behalf of myself and my heirs, executors, administrators, guardians and assigns, and in consideration of my participation and use of the services, equipment and facilities offered by The City of Mobile Connie Hudson Mobile Regional Senior Community Center, hereby execute this Liability Waiver and Release of All Claims. I understand that by signing this agreement, I am waiving my rights to all claims for injuries and damages I might sustain and I agree to indemnify, hold harmless and defend The City of Mobile Connie Hudson Mobile Regional Senior Community Center for all such claims and damages. I recognize and acknowledge that there are certain risks of physical injury to participants and damage to or loss of personal property from the use of the services, equipment and facilities offered by The City of Mobile Connie Hudson Mobile Regional Senior Community Center These programs include but are not limited to cardio equipment, weight machines, treadmills, and other forms of physical activity. I fully agree to assume the risk and responsibility of any such injuries, damages, or loss regardless of severity which I may sustain as a result of said activities. I waive and relinquish all claims I may have against The City of Mobile Connie Hudson Mobile Regional Senior Community Center its shareholders, officers, agents, servants, and/or employees as a result of participation in said activities. I hereby fully release and discharge The City of Mobile Connie Hudson Mobile Regional Senior Community Center, it's shareholders, officers, agents, servants, and/or employees from any and all claims from injuries, damage or loss which I may have or which may accrue to me in any of the activities/services offered. I further agree to indemnify, hold harmless, and defend The City of Mobile Connie Hudson Mobile Regional Senior Community Center it's shareholders, officers, agents, servants, and/or employees from any and all claims resulting from injuries, damages, or losses sustained by me and arising out, connected with, or in any way associated with the activities of any services or programs offered here.

I am aware of the risks of participation and use of the services, equipment and facilities of The City of Mobile Connie Hudson Mobile Regional Senior Community Center, which include but are not limited to the possibility of injury, death, sprained muscles and ligaments, broken bones, fatigue and other injury. I understand that it is my responsibility to consult with my own physician with respect to engaging in physical activities. I further represent that I am in such physical condition as to accept and tolerate the level of physical activity involved. My participation and use of the services, equipment and facilities of The City of Mobile Connie Hudson Mobile Regional Senior Community Center is voluntary and I freely choose to participate, not withstanding any medical condition I may have.

In the event of any emergency, I authorize The City of Mobile Connie Hudson Mobile Regional Senior Community Center without liability and in their sole and absolute discretion, to secure emergency assistance from any licensed hospital, physician, and/or medical or rescue personnel for any treatment or services deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all such medical, professional and emergency services and assistance.

Upon signing this sheet, I consent to interview(s), photography, or videotaping for publication, exhibition, or reproduction to be used for public relations, news articles or telecasts, education, advertising, research, inclusion on the CHMRSCC website, fundraising, or any other purpose as designated by the Director. I agree to indemnify and hold harmless the City of Mobile, Employees of the City of Mobile, and The Connie Hudson Mobile Regional Senior Community Center, all employees, agents or representatives of same, from damages to property or injuries to myself, and/or any other person, and any other losses, damages, expenses, claims, demand, suits, and actions by any party against CHMRSCC. I declare that I am eighteen (18) years old or older and am legally competent to execute this release. I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have voluntarily signed this document.

Signature of Participant

Date

CHMRSCC use only:

PIF 3/16

Date Received: _____

Staff Initials: _____

Database Entry: _____

Staff Initials: _____