



CITY OF SANTA CLARA PARKS & RECREATION DEPARTMENT

Santa Clara Senior Center Registration and Release of Liability Form
(REQUIREMENTS: government issued ID and for City of Santa Clara residents, proof of residency)

January - December 2016

Date Received _____ **Staff Initials** _____

Last Name

FIRST Name		LAST Name		
Address Number & Street	Unit	City	State	Zip Code

- Yes, I would like to receive City of Santa Clara email updates containing information about events and programs.
 No thanks

Email Address (if yes) _____

Home Phone _____-_____-_____	Cell Phone _____-_____-_____	Work Phone _____-_____-_____	Date of Birth ____-____-____
Provider:			

PARTICIPANT INFORMATION

List up to four medical conditions you want emergency responders to know about you:	Medications:
1.	1.
2.	2.
3.	3.
4.	4.

Are you allergic to any medication or food? Yes No List:

Have you had a seizure? Yes No Date of last seizure:

Do you utilize a Personal Care Attendant (PCA)? Yes No PCA's name is:

Are you a Personal Care Attendant for a participant? Yes No Participant's name:

Do you utilize any mobility aides? Yes No

Check all that apply: Cane Walker Wheelchair Scooter/Power Chair Segway

Do you have a diagnosed disability? Yes No

Check all that apply: Developmental Neurological/Cognitive Physical

Describe:

Do you have any special needs that may affect your participation in Senior Center programs?

Yes No

Describe:

EMERGENCY CONTACTS

Name (FIRST/LAST)	Relationship	Home Phone _____-_____-_____	Cell Phone _____-_____-_____
Name (FIRST/LAST)	Relationship	Home Phone _____-_____-_____	Cell Phone _____-_____-_____

SANTA CLARA SENIOR CENTER GUIDELINES FOR USE

I have received, read, and agree to comply with the Senior Center's Guidelines for Use. Initial _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I hereby release the City of Santa Clara, California ("City"), its City Council, representatives, employees, volunteers, agents, assigns, the Santa Clara Unified School District, its School Board, officers, agents, and employees from any and all claims, obligations, choices of action, and liability of any kind, arising out of or connected with my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center. The consideration for this release is my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center. This release is intended as a full and complete release covering any possible claims, injuries or harm, contingent or otherwise, involving personal injury or property damage which may arise in connection with my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center.

I HAVE READ THE GUIDELINES FOR USE OF FITNESS ROOM AND NATATORIUM, THE WOOD SHOP PROGRAM GUIDELINES, THE LAPIDARY SHOP PROGRAM GUIDELINES AND THE ADVENTURES TO GO PROGRAM GUIDELINES, AND ANY OTHER GUIDELINES FOR USE OR PROGRAM GUIDELINES PERTAINING TO THE SENIOR CENTER, AND I AM AWARE THAT THESE ACTIVITIES MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH ARISING OUT OF OR CONNECTED WITH MY PARTICIPATION IN CLASSES OR ACTIVITIES AT THE SENIOR CENTER AND ENTRY TO AND USE OF ANY FACILITIES OR EQUIPMENT AT THE SENIOR CENTER. I HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE, AND/OR ASSIGNS.

I have carefully read this Agreement and fully understand its content. All participants must sign this Agreement.

Date: _____

Print Name: _____ **Signature:** _____

The City will maintain your medical history and information in conformance with all applicable laws to ensure its confidentiality.

For more information, contact the Santa Clara Senior Center:
1303 Fremont Street, Santa Clara, CA 95050

Phone: 408-615-3170

www.SantaClaraCA.gov/SeniorCenter •

CustServSrCenter@SantaClaraCA.gov

STAFF USE ONLY

Depending on *italicized* sections response, ID Fit approval is required prior to processing.

ID Fit – TRS

Alert Text: _____

Comments: _____

Signature: _____

Date: _____