



## PARTICIPANT INFORMATION FORM

(UPDATED JANUARY 2022)

Please complete the following information about yourself and sign the attached Release. Maintaining accurate statistics assists us in planning for the future of the Senior Center and is often required by our funding sources. This information may also be useful in an emergency situation.

All of the information you provide will be kept confidential and is considered voluntary. We want all visitors to the Senior Center to feel comfortable and welcome, should you have any questions about this form, please feel free to ask a Senior Center staff person.

### YOUR INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Would you like to receive our newsletter via email\*? Yes \_\_\_\_ No \_\_\_\_

(\*you will automatically be removed from our paper mailing, unless you check here \_\_\_\_ that you want to continue receiving the paper copy).

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

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: Male \_\_\_\_ Female \_\_\_\_ Other \_\_\_\_

### YOUR EMERGENCY CONTACTS:

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### OPTIONAL (for statistical purposes only):

Disability: Yes \_\_\_\_ No \_\_\_\_ Type? \_\_\_\_\_ Use a wheelchair? Yes \_\_\_\_ No \_\_\_\_

Ethnic Origin: Caucasian African-American Latino/Latina American Indian Asian Other: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Date Entered: \_\_\_\_\_ Card #: \_\_\_\_\_ Initials: \_\_\_\_\_

**PLEASE TURN OVER** ➔



**RELEASE OF CLAIMS, INDEMNITY  
AND HOLD HARMLESS AGREEMENT**  
(UPDATED JANUARY 2022)

**\*\*\*Please read this Form thoroughly before completing and signing\*\*\***

1. I, the undersigned, intend to voluntarily attend and/or participate in classes and programs provided by the Sudbury Senior Center/Sudbury Council on Aging. I understand that each person, including myself, has a different capacity to participate in activities. I acknowledge that I have determined the nature and extent of the planned activities and feel that I am of sufficient ability to participate after consulting with my physician.
2. I also agree to forever release the Town of Sudbury, the Sudbury Council on Aging and its Senior Center, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary, recreation or fitness programs of the Town of Sudbury ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the Town of Sudbury voluntary activities or recreation programs, including recreational and fitness activities at the Senior Center.'
3. I also promise, to indemnify, defend, reimburse and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorneys' fees, arising from personal injuries to myself and/or others, and/or property damage resulting from participation in the Town of Sudbury voluntary activities or recreation programs, including recreational and fitness activities at the Senior Center.
4. I further affirm that I have read this Form and that I understand the contents of this Form. I understand that my participation in Town recreational programming, including using the Senior Center Fitness Center, is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in Town programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer through my participation in Town activities Town or recreation programs, recreational and fitness activities at the Senior Center and that I am participating in such activities at my own risk. The Town makes no warranties of any kind regarding this equipment.
5. I have read the Release and am legally competent to sign this Release.
6. **I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I SIGN THIS RELEASE AGREEMENT OF MY OWN FREE WILL**
7. Additionally, I hereby grant permission for any photographs or videos taken during this program to be used in print or electronically, specifically for promotion matter, press, and/or future advertising.

Please initial if you would like to **opt out** of the photo/video permission \_\_\_\_\_

Participant's Name (Please Print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_