

SENIOR ACTIVITIES REGISTRATION FORM
REGISTRATION, UNDERSTANDING, AGREEMENT AND CONSENT

PARTICIPANT INFORMATION (PLEASE PRINT)

NAME _____ **BIRTHDATE** _____
Male Female

ADDRESS _____
STREET CITY STATE ZIP

PHONE _____
HOME CELL

EMAIL ADDRESS _____

EMERGENCY CONTACT _____

PROGAM NAME

TAI CHI _____ YOGA _____ EXERCISE _____ LINE DANCE _____ OTHER _____
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LAWRENCE TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Lawrence, its agents, servants and employees, Lawrence Township Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my behalf.

I _____ have read the Harmless Agreement & Medical Release and attest that the
(Please Print Name)

Above information is correct and wish to continue to participate in programs offered by the Lawrence Township Office on Aging. By signing my name, I realize the risk of injury in all may be severe, including the risk of fractures, brain injuries, paralysis, or even death. I also understand that when a fee is collected for an activity, NO REFUNDS WILL BE ISSUED, unless the program is cancelled by the Office on Aging.

SIGNATURE DATE

Return Completed Registration and Fee to: Lawrence Township Office on Aging
30 Darrah Lane East
Lawrenceville N.J. 08648

Fee Collected _____ Cash _____ Check # _____