



Poolesville Area Senior Center, Inc. Liability Release Form

Participant Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Male Female

Home Phone: _____ Mobile/Work Phone: _____

E-mail: _____ (e-mail is for internal use and will not be sold)

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

The Poolesville Area Senior Center, Inc. (DBA Poolesville Seniors!) is neither designated nor qualified for Adult Day Care. All participants should consult their physician before beginning a new activity. Participants must be able to physically care for themselves or have a personal assistant with them at all times. This includes being able to navigate a walker or wheelchair and function independently.

NOTICE: All Participants Must Sign and Initial This Waiver to indicate their understanding and agreement:

I _____ hereby release, absolve, indemnify and hold harmless the Poolesville Area Senior Center, Inc. (DBA Poolesville Seniors!) its employees (paid or volunteer), Board members, supervisors, instructors, any or all acting on their behalf from any and all responsibility or liability of any kind whatsoever in the event of any accident, injury, damage or death sustained by myself, the above-named participant, while being transported to or from an activity, participating in any activity, or use of facilities, equipment, or machinery in any Poolesville Area Senior Center, Inc. activity. _____ Please Initial

All activities involve some physical nature and I understand and assume the risk from losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of this event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the Program Manager, instructor or event staff before I sign this document and before the activity begins.

_____ Please Initial

I certify that I am in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs. _____ Please Initial

In the event of a serious accident or injury, I understand that someone from the Poolesville Area Senior Center, Inc. (DBA Poolesville Seniors!) may contact 911, provide and perform first aid, and (when necessary) recommend transport to a hospital and reach the emergency contact listed as soon as the situation allows. I consent to necessary medical treatment in the event such care is required. _____ Please Initial

I hereby give my approval for participation in any and all the program activities. I give permission for any photographs taken during these activities to be utilized for promotional uses by the Poolesville Area Senior Center, Inc. (DBA Poolesville Seniors!) now and in the future. _____ Please Initial

This Agreement shall be binding upon the undersigned, his/her heirs, executors, administrators and assigns.

Participant Signature: _____ Date: _____

This Liability Release Form will be applicable to your participation in any and all Poolesville Area Senior Center events.