

CARVER SENIOR SERVICES
2018 RECREATION REGISTRATION

NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street) (City/State) (Zip)

PHONE: () _____ PHONE: () _____
(Home) (Cell/Mobile)

DATE OF BIRTH: _____ AGE: _____ MALE: _____ FEMALE: _____

ARE YOU A VETERAN? YES NO If yes, what branch did you serve? _____

Are you a member of AARP? _____ (Excluding programs such as Experience Corps, Experience Works, etc)

MARITAL STATUS: (Circle one) Divorced Single Married (Anniversary _____) Widowed

LIVE ALONE? _____ NUMBER IN HOUSEHOLD: _____

HEAD OF HOUSEHOLD? YES NO If no, name and relationship of person) _____

ETHNICITY: _____ Hispanic _____ Non-Hispanic

RACE: _____ African American _____ White _____ Native American
_____ Asian/Pacific Islander _____ Alaskan Native _____ Other

Referral Source: _____ Walk-in _____ Newspaper _____ Internet/Radio _____ Referral _____ Other

EMERGENCY CONTACT INFORMATION

Physician: _____ Phone: () _____

Hospital Preference: _____

Primary Contact Person: _____ Relationship: _____

Phone: () _____ Phone: () _____

Secondary Contact Person: _____ Relationship: _____

Phone: () _____ Phone: () _____

Signature: _____ Date: _____

Please complete the back of this form.



Carver Senior Services
504 SE 8th Street
Evansville, Indiana 47713
(812) 402-3170

ASSUMPTION OF RISK

I, _____, voluntarily participate in activities at the Carver Senior Center and Carver Community Organization, Inc. (hereinafter referred to as Carver). In consideration for the opportunity to participate, I knowingly assume all risks involved with my participation. I understand if I voluntarily participate, I expose myself to the possible risk of personal injury and property damage or loss. I also recognize there are both foreseeable and unforeseeable risks of injury that may occur in which Carver cannot specifically anticipate.

RELEASE OF LIABILITY

I release Carver from any and all liability, claims, costs, expenses, injuries and/or losses I may sustain as a result of my participation in any and all activities. My participation includes but is not limited to travel to and from the facility or an event sponsored by/with the facility, in a private or public vehicle, and any activity connected with Carver as well as while using equipment or facilities for or at Carver.

PHOTO RELEASE

I hereby grant Carver permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I understand and agree that all photos will become the property of Carver and will not be returned.

I hereby hold harmless, release, and forever discharge Carver from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have carefully read this document and understand its contents and am fully informed and satisfied that I can safely participate in any sponsored activities. I am aware that this document is a contract with Carver Senior Center and Carver Community Organization, Inc. I freely and voluntarily sign in acknowledgement below:

PARTICIPANT:

Signature: _____

Printed Name: _____

Date: _____