

**Jackson County Senior Center
Registration Form**

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____ Phone: _____ Cell: _____

Email: _____

Mailing Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Do you live alone? ☐ Yes ☐ No Are you a Veteran? ☐ Yes ☐ No What Branch? _____

PLEASE COMPLETE THE FORM BY PLACING A CHECKMARK IN EACH SECTION

Ethnicity: ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race: ☐ African American/Black
☐ Asian
☐ American Indian/ Alaskan Native
☐ Native Hawaiian/Other Pacific Islander
☐ White

Gender: ☐ Male ☐ Female

Please list any Allergies: _____

EMERGENCY CONTACT INFORMATION (provide up to 2 contacts)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

WARNING, LIABILITY, RELEASE, ACKNOWLEDGEMENT, ASSUMPTION OF RISK AND PHOTO AND VIDEO RELEASE

I understand that participating in the Jackson County Department on Aging, Senior Center programs, as a participant and or volunteer may involve risk of injury. These risks include sprains, cuts, burns, and any other injuries associated with activities, classes, events, fundraisers, programs and/or trips. By signing this form, I hereby assume all risks and hazards incidental to the transportation to and from said activities, classes, events, fundraisers, programs, and / or trips. I acknowledge all risks of injury and death and I affirm that I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of activities, classes, events, fundraisers, programs and/ or trips and to follow the reasonable instructions of the teachers, drivers, escorts and supervisors of the activities, classes, events, fundraisers, programs and / or trips. Furthermore, in return for the opportunity to participate in activities, classes, events, fundraisers, programs and/ or trips, I agree for myself and my heirs, assigns, executors and administrators, to release absolve and indemnify the Jackson County Department on Aging Senior Center from all risks and hazards associated with the activities, classes, events, fundraisers, programs and/ or trips. And in the event of injury, do expressly waive any legal rights I may have to seek payment of any kind and waive all claims against them.

I understand that by participating in Senior Center activities, classes, events, fundraisers, programs and/or trips that photographs and/ or video may be taken of me at any time and I give my permission for the Jackson County Department on Aging, Senior Center to take my photograph and/ or video and show of use my picture and/ or video as the Jackson County Department on Aging, Senior Center deem necessary.

I understand that I may need to sign additional waiver forms for specific activities, classes, events, fundraisers, programs, and/ or trips as required by the Jackson County Department on Aging, Senior Center. I also understand and have been given the Jackson County Department on Aging, Senior Center policies and procedures manual.

SIGNATURE: _____ DATE: _____

Jackson County Senior Center Fitness
Release and Waiver of Liability

Print Name: _____

I wish to use the Department on Aging Services Fitness Equipment and apparatus, participate in exercise programs and classes, and or participate in personal training activities. In consideration of permission to use the facility & services, I acknowledge and affirm the following:

I, acting on behalf of myself, do expressly and forever waive and release the Jackson County Senior Center, Department of Aging and all their respective officers, employees, agents, or representatives from any and all liability for personal injuries and or damages sustained, incurred, or arising from participation in any Senior Center Activities.

By registering for any Jackson County Senior Center activity, I agree to allow publication of photos or video taken of myself at any program, event or facility associated with the Jackson County Senior Center.

I understand that using the Fitness Equipment and, or participating in exercise programs or classes may have inherent dangers and may be hazardous. I fully realize, understand, and appreciate the risks to my person associated with the use of the facility or participation in any exercise program. I have been given an opportunity to ask any questions I might have. I understand how to operate the treadmills, the elliptical, the recumbent elliptical, and the recumbent bike.

I acknowledge that I have consulted with my physician before use of any exercise equipment and before beginning any exercise program or class or personal training activities. I acknowledge that I have no physical or medical condition, which, to my knowledge, would endanger others or myself in connection with my use of the facility. I acknowledge that it is my full and sole responsibility to know the limits of my physical abilities as they relate to the use of the facility and its equipment, activities, and events. I understand that I must sign in daily and make a staff member aware of my intentions to utilize the facility.

I have read the foregoing release and waiver of liability. I understand its content, and agree to its terms, conditions, and limitations on my rights, and request that I be allowed to use the facility according to the terms of this release and waiver of liability.

By my signature below, I agree to each and every term of the release and waiver of liability.

Participant Signature: _____ Date: _____

JACKSON COUNTY SENIOR CENTER PARTICIPANT

COMPUTER LAB USAGE POLICY

NAME: _____

In recognition of the strong interest of older adults in computer literacy, the center maintains a computer lab to provide opportunities for members to learn basic and developed skills.

Purpose for the lab include:

- To educate older adults about computer hardware, software and file management through hands-on classes and tutoring
- To provide access to computer by individuals and senior organizations.
- To provide a library to computer books periodicals, and catalogs for older adult use.
- To provide email access
- To provide Internet access
- To enhance learning and program opportunities for Senior Center Participants

The lab is available for use by the Jackson County Senior Center participants; participants must have filled out the participation intake form and signed the computer usage policy.

The Senior Center Activities Director will schedule use of the lab for classes, demonstrations and special projects. The lab is open for individual use when not scheduled for group sessions. Beginners will not be allowed to use lab without supervision, and should not expect staff members to be available to provide individual training.

Users will not be permitted to:

- Load software onto hard disk drives or remove, change or delete software or files.
- Use precautions when sending or receiving information over the internet to prevent viruses, worms, Trojan horses and other potentially damaging software from the Internet.
- Access of inappropriate web sites and the **downloading of any materials** on the internet.
- Forwarding of jokes and chain letter messages is prohibited.

There is no fee associated with the usage of the computer lab facilities, although contributions are accepted for maintaining equipment and printing supplies.

Participant Signature: _____ Date: _____