

Senior Program Registration

Become a part of our vibrant community of active adults aged 50 and above by joining the Over 50 and Fabulous Program. 1 membership; 4 locations. Membership valid July 1 to June 30. Approved fees apply. Memberships can be purchased at any City Community Center. Each location offers a selection of programs and activities.

Arnold Rue Center 5758 Lorraine Avenue Stockton, CA 95210 937-7350	Community Services Dept. 605 N. El Dorado St. (2nd Floor) Stockton, CA 95202 937-8206	Oak Park Senior Center 730 E Fulton St. Stockton, CA 95204 937-7777	Stribley Center 1760 E. Sonora St. Stockton, CA 95205 937-7351	Van Buskirk Center 734 Houston Ave. Stockton, CA 95206 937-7358
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Senior Member Information

Name: _____ Birthdate: _____ Gender: M F

Street Address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell #: _____

E-mail: _____

Emergency Information

Emergency Contact	Medical Information
Contact Name: _____	Doctor Name: _____
Relationship: _____	Doctor Phone Number: _____
Home/Cell Number: _____	Allergies: <input type="radio"/> Yes <input type="radio"/> No
Alternate Number: _____	List Allergies: _____

RELEASE: Waiver: In return for being permitted to participate in the program/activity listed on this form (the "Program"), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the City, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which hereafter accrue to me, against the City as a result of my participation in the event. This release is intended to discharge the City, its officers, officials, employees, and volunteers, any other involved municipalities or public agencies (collectively, the "Covered Parties") from and against any and all liability arising out of or connected in any way with my participation in the Program, even though that liability may arise out of the negligence or carelessness on the part of the Covered Parties. I further understand that accidents and injuries can arise out of the Program; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the Covered Parties who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. **Images:** I understand that by participating in the Program, I give consent for images of myself taken at the Program to be used for promotional or instructional purposes by the City. **Cancellation:** In the case of an emergency, or for reasons beyond the City's control, the City reserves the right to cancel the Program prior to its commencement without liability. Refunds will be made accordingly. **Severability:** I further agree that this RELEASE is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect. I have carefully read this release, hold harmless and agree not to sue and fully understand its contents. I am aware that this form is a full release of all liabilities and signed by my own free will.

I have read this RELEASE and understand that I am giving up substantial rights, including my right to sue. I confirm that I am signing this document freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature _____ Date _____