



Please provide us with the following information. It is valuable when applying for grants and sources of funding for the Activity Center. This information is kept confidential.
Thank you!

NEW PARTICIPANT REGISTRATION FORM

Name: _____ Nickname: _____ Date of Birth: _____
(First) (Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

In Case of Emergency, Contact: _____ Relationship: _____

Phone: (____) _____

Gender: ___ Male ___ Female ___ Other

Ethnic Background: ___ White/Caucasian ___ African American ___ Asian ___ Hispanic/Latino
___ American Indian/Alaskan Native ___ Other

Marital Status: ___ Married ___ Widowed ___ Divorced ___ Other

Yes, I would be interested in learning how I can volunteer time and talents at the Center!

No, I am not interested in volunteering at this time.

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Senior Citizens Activities, Inc. (SCAI) is here to provide opportunities for meaningful and fun experiences and the building of friendships for a diverse group of mature and active adults. Your name will not be sold or shared with outside companies or agencies. SCAI may use the information for statistical purposes to help secure funding for the Center, but will not share or publish names linked to this information.

I understand Senior Citizens Activities, Inc. is for active, healthy adults 50 years old and older and that I will need to have a caregiver and/or companion accompany me at all times if I am challenged participating independently in activities and/or events.

Signature _____ Date _____

SENIOR CITIZENS ACTIVITIES, INC.

WAIVER OF LIABILITY

READ CAREFULLY BEFORE SIGNING

This Waiver of Liability (this “Waiver” or this “Agreement”) is executed on this ____ day of _____, 20__ by _____ (the “Participant”), in consideration of the opportunity to participate in fitness activities on the property operated by Senior Citizens Activities, Inc., and in favor of Senior Citizens Activities, Inc., a Non-Stock Corporation organized and existing under the laws of the State of Wisconsin (“SCAI”), its employees, volunteers, representatives, and agents of any kind. The Participant agrees as follows:

I, the Participant, hereby freely and voluntarily, without any inducement or duress, execute this Waiver under the following terms:

1. **Appreciation and Assumption of Risk.** I understand and acknowledge that participating in fitness activities on the property operated by SCAI includes inherent risks which may exist regardless of whether SCAI controls or attempts to control such risk. I am participating in the fitness activities with this understanding and knowingly and voluntarily assume all risks of injury, disability, death, or damage to or loss of my property which may occur while engaging in any fitness activities on the property operated by SCAI. My participation in fitness activities on the property operated by SCAI is voluntary and I understand and acknowledge that I may discontinue my participation at any time. I knowingly and freely assume, for myself and my heirs, all such risks, both known and unknown, even if arising from the negligence of SCAI or other persons or entities released from liability below. If I have any questions or observe any unusual or unnecessary hazards before or while participating in fitness activities on the property operated by SCAI, I will immediately alert an employee, volunteer, representative, or agent of SCAI of the hazard and cease my participation in the activities on the property operated by SCAI until the hazard has been corrected.
2. **Release of Liability.** I hereby forever release SCAI, its employees, volunteers, directors, officers, representatives, and agents of any kind (hereinafter, collectively, the “Released Parties”), from any and all liability or claims for any and all injury, disability, death, or loss whether caused by the negligence of the Released Parties or otherwise to the fullest extent permitted by the laws of the State of Wisconsin. This release shall apply to any potential claims made by me, my family, estate, heirs, successors or assigns.
3. **Third Parties.** I hereby forever release SCAI and the Released Parties from any and all liability or claims for any injury to me or damage to or loss of my property caused by the negligence of third-parties while on the property operated by SCAI, including, but not limited to any costs, damages, claims or assertions of any kind with respect to which I or my family, estate, heirs, successors or assigns may claim against SCAI and the Released Parties.
4. **Medical Treatment.** I hereby forever release SCAI from any liability or claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency while engaged in fitness activities on the property operated by SCAI.
5. **Pickleball Program.** I understand and acknowledge that, among the fitness activities offered by SCAI, the pickleball program contains especially inherent risks that cannot be eliminated regardless of care taken to avoid injuries, including strenuous exertions of strength using various muscle groups, quick movements involving speed and change of direction, and sustained physical activity placing stress on the cardiovascular system. Risks range from minor injuries to major and catastrophic. I accept and will abide by all rules and policies implemented by SCAI with respect to the pickleball program. I understand that SCAI has advised me to seek the advice of my physician before participating in pickleball. I understand that I have been advised to have health and accident insurance in effect. I know, understand, and appreciate the risks inherent in pickleball, and I hereby assert that my participation in pickleball is voluntary and that I knowingly assume all such risks. I also further agree to defend, hold harmless, indemnify, and release the Released Parties from any and all claims, demands, actions or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the pickleball program. I also hereby authorize and consent to any emergency medical/hospital

care to be rendered upon the advice of any licensed physician and I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

6. **Photography.** I give permission to be photographed by SCAI in connection with any fitness activities and for the photograph(s) to be used with the understanding that they will only be used to illustrate and promote SCAI.
7. **Governing Law, Forum, and Severability.** I agree that this Agreement shall be construed in accordance with the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this Waiver or SCAI. The terms and provisions of this Agreement are severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.
8. **Express Intent.** It is my express intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named Released Parties.

Representations. I, the Participant, acknowledge and represent that:

1. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed.
2. No oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.
3. I am at least eighteen (18) years of age and have the legal capacity to execute this Agreement.
4. I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by the same.

Name (Please Print)

Date

Signature

Address

BLUE AREA FOR OFFICE USE ONLY:

Receptionist - FOB # Assigned _____	By: _____ (your initials Please)
Entered into MySeniorCenter _____(ENTER DATE)	By: _____(your initials please)

Email entered into Mail Chimp (Paula/OR Admin. Asst.) _____	By: _____(your initials please)
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