



CITY OF SIMI VALLEY
Senior Center Registration Form

FOR STAFF USE ONLY
MSC : _____
REG. CARD: _____

All information requested is for our records. The information you provide will be kept confidential to the extent permitted by law. Your cooperation in providing this information is appreciated.

MEMBER INFORMATION

FIRST NAME		LAST NAME		DATE
DATE OF BIRTH	GENDER	EMAIL	NEWSLETTER <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOME ADDRESS		CITY	ZIP CODE	
PRIMARY PHONE NUMBER		ALTERNATE PHONE NUMBER	TEXT MESSAGES <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMERGENCY CONTACT

FIRST NAME	LAST NAME		RELATIONSHIP
PRIMARY PHONE NUMBER	ALTERNATE PHONE NUMBER	CITY & ZIP CODE	

WAIVER & RELEASE OF LIABILITY

I understand that participating in any program offered by the Simi Valley Senior Center, including but not limited to sports, exercise, wellness, health, entertainment, social or travel programs may involve inherent risks and dangers, which could include, but are not limited to sprains, fractured bones, lacerations, abrasions, unconsciousness, paralysis, disfigurements, head injuries, loss of eyesight, communicable diseases, viruses, death and/or property damage. I also understand that even when reasonable precaution is taken, risks remain inherent and accidents and/or injury can still occur. I acknowledge that I am a willing and voluntary participant in such activities, that I am aware of these risks and accept all responsibility for any damages or personal injury that may occur as a result of my participation.

I declare myself to be physically sound and suffering from no condition, impairment, disease or other illness that would prevent my participation in programs at the Simi Valley Senior Center, both virtually and in-person. I acknowledge that it is my responsibility to monitor my own condition and share pertinent medical information with staff, should it present an impediment to safe participation in my selected activities.

I do hereby agree to defend, indemnify, and hold harmless the City of Simi Valley and its officers, employees and agents from and against any and all loss, liability charges and expenses (including attorney's fees) and costs which may arise by reason of my participation in any program. I hereby consent to emergency treatment as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participating at the premises.

VIDEO-PHOTO RELEASE

I understand that during events, programs and/or activities sponsored or co-sponsored by the Simi Valley Senior Center, my photograph may be taken by City staff, volunteers, co-sponsors or organizers. I agree that my photograph, including video photography or any reproduction of my likeness may be used without charge by City staff, co-sponsors or organizers for the purposes of publicizing said events, programs and/or activities.

I acknowledge that I have read the waiver & release of liability and video-photo release and sign it with full knowledge, agreement and understanding of its contents

PRINT NAME	SIGNATURE	DATE
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