

Moore County Senior Enrichment Center

Member Registration Form

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

Date of Birth: ____/____/____ Key Tag Number: _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

P.O. Box: _____ Phone: _____ Email: _____

Do you live alone? Yes No Are you a Veteran? Yes No

Marital Status: Married Single Widowed Divorced

Please list any Allergies: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____ Phone: _____

PLEASE COMPLETE THE FORM BY PLACING A CHECKMARK IN EACH SECTION

Ethnicity:	<input type="checkbox"/> Hispanic or Latino	Race:	<input type="checkbox"/> African American/Black
	<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian
			<input type="checkbox"/> American Indian/ Alaskan Native
			<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
			<input type="checkbox"/> White

RELEASE, WAIVER, and INDEMNIFICATION

I understand and agree that the information contained on this form may be released for statistical purposes and I agree to the release of information for that limited purpose only.

I understand and agree it is my sole responsibility to consult with my physician prior to being involved in any type of physical exercise or activity.

I agree to assume all liability and risk of injury, including serious bodily injury and death, which may arise or result from my use of the equipment and facilities of the Moore County Senior Enrichment Center or in my participation in programs or activities provided by the County of Moore.

I agree to indemnify and hold harmless the County of Moore, its officials, agents, employees, and volunteers from and against all claims, damages, losses, and expenses, direct, indirect, or consequential (including, but not limited to, attorneys' fees), arising out of or resulting from my use of the Moore County Senior Enrichment Center or from my participation in any program or activity provided by the County of Moore.

This Release, Waiver, and Indemnification will be binding upon my heirs, executors, administrators, and assignees.

I have read this Release, Waiver, and Indemnification and agree to the conditions stated above.

Signature _____ Date: _____

Printed Name _____