

**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: ☐ Hispanic or Latino
☐ Not Hispanic or Latino

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