



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

Address: _____

City: _____ State: _____ Zip Code: _____

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

Email Address (If none, please list NONE): _____

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 _____ Single _____ Other _____

Income: \$0 - \$24,099 _____ \$25,000 - \$49,999 _____ \$50,000 - \$74,999 _____ +\$75,000 _____

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.

.....
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 sell 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 or other activities through Senior Citizens Activities, Inc., whether inside or outside of 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 or other activities through SCAI includes inherent risks which may exist regardless of whether SCAI controls or attempts to control such risk. I am participating in the 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 such activities. My participation in such activities 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 any activities, I will immediately alert an employee, volunteer, representative, or agent of SCAI of the hazard and cease my participation in the activities 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 engaging in fitness or other activities through SCAI, or 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 or other activities through SCAI.
5. **Pickleball Program.** I understand and acknowledge that, among the 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. **Water Activities.** I understand and acknowledge that, among the activities offered by SCAI, water activities also contain especially inherent risks, including, but not limited to, accidents which occur during transportation or travel to and from the location of the water activities; slip and falls while getting into or out of water equipment; overturning of water equipment; loss of balance; impact, collision with or entrapment by trees, logs, deadfall, boats or equipment or other participants; hypothermia; drowning; changing and inclement weather conditions including storms, high wind, high waves, and lightning; encounters with domestic or wild animals; failure of water equipment; negligence on the part of other participants; and negligence on the part of the Released Parties, including the failure of the Released Parties to safeguard or protect me from the risks, dangers, and hazards of participating in water activities or my use of water equipment. I further acknowledge that, to the extent I am providing my own water equipment, I am solely responsible for such equipment and for compliance with all laws, rules, and regulations related thereto, including (without limitation) those from the Wisconsin DNR and the U.S. Coast Guard, and including (by way of example only) requirements for the carrying, storing, maintaining, and using of flotation devices. I agree that this Waiver shall apply in full force and effect with respect to my participation in any and all water activities. For the purpose of this instrument, “water activities” includes all activities, events or services provided, arranged, organized, conducted, sponsored or authorized by SCAI and the Released Parties and shall include, but is not limited to: still water, river, or lake sailing, canoeing, kayaking, and paddleboarding; rental (if any) of water equipment; orientational and instructional courses, seminars and sessions; and all travel, transport and accommodation related thereto.
7. **Photography.** I give permission to be photographed by SCAI in connection with any fitness or other activities and for the photograph(s) to be used with the understanding that they will only be used to illustrate and promote SCAI.
8. **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.
9. **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)

_____ (person who double-checked information that was entered into *MySeniorCenter*)