

Culver City Senior Citizens Association

MEMBERSHIP REGISTRATION FORM 2010

Gym	<input type="checkbox"/> 6 mths
	<input type="checkbox"/> 1 yr

OFFICE USE ONLY: New Member Date _____ Renewal Mailing Parking

Last Name		First Name		MI
_____ (90+ <input type="checkbox"/>)		_____		_____
Date of Birth		Proof of Age: CDL <input type="checkbox"/> CID <input type="checkbox"/> Other <input type="checkbox"/>		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
_____		_____		_____
1 st Phone #		2 nd Phone #		
_____		_____		
Address	City	State	Zip Code	
_____	_____	_____	_____	

EMERGENCY INFORMATION

Name	1 st Phone #	2 nd Phone #
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MEDICAL HISTORY (check all that apply)

<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Stroke	<input type="checkbox"/> Emphysema	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Other
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Seizures	<input type="checkbox"/> Congestive Heart Failure	List: _____
<input type="checkbox"/> Kidney Failure	<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dementia	<input type="checkbox"/> HIV	_____

Drug Allergies: (Please List Clearly) _____

Primary Care Physician's Name & Phone Number _____

Culver City Senior Center
4095 Overland Avenue Culver City, CA 90232
(310) 253-6700 Fax: (310) 253-6711

**2010 RELEASE, ASSUMPTION OF RISK &
WAIVER OF PUBLICITY RIGHTS**

I attest and verify that I am physically and mentally able to participate in the Culver City Senior Center activities, programs, and trips. I have consulted a licensed, trained medical doctor prior to signing this document. Furthermore, I hereby agree to hold harmless, release and forever discharge the City of Culver City, members of its elected or appointed boards or commissions, its officers, agents, volunteers and employees from any and all liability, claims or demands whatsoever which may arise as a result of my participation in any programs, trips or other activities at, sponsored by, organized by or otherwise affiliated with the Culver City Senior Center. This Release is intended to discharge in advance the City of Culver City, members of its elected or appointed boards or commissions, its officers, agents and employees from and against any and all liability arising out of or connected in any way with my participation in said activities, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I understand that mortal or personal injury and/or property damage can occur as a result of participating in any of the programs, trips or other activities at, sponsored by, organized by or otherwise affiliated with the Culver City Senior Center. Knowing and acknowledging these risks, nevertheless, I hereby voluntarily agree to assume those risks and to release and hold harmless the City of Culver City, members of its elected or appointed boards or commissions, its officers, agents, volunteers and employees from any and all claims or demands whatsoever which may arise as a result of those risks.

I give my permission to the City of Culver City or anyone acting on the City's behalf to photograph me as I participate in any programs, trips or other activities at, sponsored by, organized by or otherwise affiliated with the Culver City Senior Center. Any of these photographs will become the property of the City of Culver City. I hereby agree that any of these photographs can be used by the City of Culver City for publicity and/or promotional purposes and that I will not seek compensation for such use.

It is further understood and agreed that this release, assumption of risk, and waiver of publicity rights is to be binding on my heirs, assigns, executors, administrators and any other family members.

I agree to accept and abide by the rules and regulations of the City of Culver City.

PLEASE PRINT

Print Name: _____

Participant Signature: _____

Date: _____