



PARTICIPANT AGREEMENT AND RELEASE FORM

Instructions: Please complete, sign and date this agreement. This form must be completed prior to participation.

I, _____, understand and confirm that participation
Print Full Name

in programs offered through the SRC are completely voluntary. I agree that I will participate at a comfortable level and will stop participating if I become uncomfortable, to prevent any illness or injury. I hereby release the Senior Resource Center, the program trainers, lead coordinators, peer leaders, the host site, and their officials, directors, members, agents and/or employees from any liability or claims for personal injury or otherwise arising from my participation in these programs.

Signature _____
Date

Street: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

EMERGENCY CONTACTS:

1. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

MEDICAL CONDITIONS:

Do you have any medical conditions the class instructor(s) should be aware of?

