

Office Use: Date \_\_\_\_\_ Initials \_\_\_\_\_  
Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

# Geneva Township Senior Center Member Information Sheet

Date: \_\_\_\_\_

Please print one name per form Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Occupation (current or before retirement): \_\_\_\_\_

- Member - Free (Geneva Township Resident; Age 55+)       Associate Member - \$25/year (Geneva Township Resident; Under age 55)  
 Guest - \$60/year; \$30/6 months (Non-Resident of Geneva Township; Age 55+)

## Emergency Contact Information

Please provide the name of someone who **IS NOT A MEMBER** of the Geneva Township Senior Program.

#1) Name of Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

#2) Name of Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical limitations, or health conditions that we should know about? (i.e. stairs, walker, wheelchair):  
\_\_\_\_\_  
\_\_\_\_\_

Please return to: Geneva Township Senior Center, 400 Wheeler Drive, Geneva, IL 60134

## **LIABILITY WAIVER FORM**

The Geneva Township is committed to conducting its programs and activities in a safe manner and hold the safety of participants in high regard. The Geneva Township continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in activities.

You are solely responsible for determining if your minor child/ward or you are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational program/activity. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects and all other circumstances inherent to programs/activities exist. In this regard, it must be recognized that it is impossible for the Geneva Township to guarantee absolute safety.

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation, when provided).

### **WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Geneva Township, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Geneva Township").

I do hereby fully release and forever discharge the Geneva Township from any and all claims for injury, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I have carefully read the insurance liability waiver and understand that my signature is required below in order for myself or my child/ward to participate in Geneva Township programs.

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Signature

Date

**PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER.**

PHOTO: I understand that my child/ward or I may be photographed or videotaped while participating in a Geneva Township program or event. I give permission for photos and videotapes of my child/ward or me to be used to promote the Geneva Township. Such photos/videotapes will remain the property of the Geneva Township. Please call us with any questions at (630) 232-3600.