



Orange County Senior Centers Registration Form

Name _____ Date _____
(Last) (First) (M.I.)

Address _____
(Street) (City) (State) (Zip Code)

Phone _____ Cell phone _____

Birth date _____ Email _____

Optional Information

Gender Male ___ Female ___ Ethnicity _____
(i.e. Asian, Black/African American, Hispanic/Latino, White/Non-Hispanic, Other)

Emergency Contact Information:

1) Name _____ Best Contact Number _____

2) Name _____ Best Contact Number _____

Volunteer: I would like to explore volunteer opportunities? Yes ___ No ___

If yes, staff from the Department's Volunteer Connect 55+ will contact you.

Interests and Skills _____

Orange County Senior Centers Rules of Personal Conduct for Participants

The Orange County Department on Aging's Senior Centers are designed to be a safe place for physical and intellectual stimulation and mutual social support for older adults. It is the policy of **ALL** Orange County Senior Centers that all participants respect the personal and professional boundaries of one another—this means treating all other participants, volunteers and staff with respect at all times. Please do not make others feel uncomfortable or unsafe by physically touching them without their specific permission to do so – **NO TOUCHING OF PRIVATE PERSONAL BODY PARTS IS ALLOWED.** If a participant demonstrates disrespectful, inappropriate or hurtful actions, including spoken words, physical gestures, unwanted touching, suggestive language and/or written communication to others, they will be requested by the Department on Aging management to discontinue the objectionable behavior and if necessary to leave the facility. If it is deemed, that an action rises to the level of criminality, local law enforcement will be notified and the accused may be temporarily or permanently banned from one or both Orange County Senior Centers.
(Approved by the Orange County Advisory Board on Aging on November 6, 2018.)

I have read and understand the Rules of Personal Conduct.

Signature _____ Date _____

Orange County Department on Aging Waiver

In consideration of my participation in the aforementioned Orange County Department on Aging program or activity, I, my heirs, executors, administrators, successors and assigns, hereby release and discharge Orange County, and all of its officers, agents, employees and successors, from any and all claims, actions, causes of action, damages, costs or other liabilities, known or unknown, foreseen or unforeseen, arising from any programs or activities conducted as part of Orange County Department of Aging Program(s). This release shall be binding on all their heirs, executors, personal representatives, administrators, successors and assigns. It is the intention of the parties that this Release shall be construed as broadly as permitted by applicable law.

To the extent allowed by law, I also consent to the transportation of myself by above said employees or agents to and from such programs or activities conducted as part of this Orange County Department on Aging program. I further understand that individual accident and general liability insurance coverage is not provided by Orange County Department on Aging or any sponsoring agent. I hereby grant the Orange County Department on Aging permission to use any photographic likeness taken.

Signature _____ Date _____

Wellness Program Waiver

Please Note: This program requires physical activity that may present problems if certain medical conditions currently exist. It is our recommendation that the participants consult their physician if they have any questions or concerns about participation in this program. It is our belief that by taking a few precautions, this will be a safe and fulfilling program for all involved.

All Participants involved in Wellness program exercise classes must sign this liability waiver.

I, the undersigned participant, hereby agree to hold harmless any persons or organizations involved with Wellness program exercise classes, as well as owners, proprietors and employees of all facilities, from any legal action or claims at any time because of my participation in this exercise class. **I have informed the Orange County Department on Aging staff of any physical conditions that may hinder my participation in the program or activity.** I am in good enough physical condition to participate safely. I hereby grant permission to any licensed medical facility and/or my physician to provide treatment as deemed necessary for my well-being. I hereby grant the Wellness Program of the Orange County Department on Aging permission to use any photographic likeness taken.

Signature _____ Date _____