



## 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 \_\_\_ Race \_\_\_\_\_

### Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening/Cell \_\_\_\_\_

How did you hear about this service, program or Senior Center?

Senior Times \_\_\_ Department Brochure \_\_\_ Newspaper \_\_\_ Friends/Family \_\_\_

Other \_\_\_\_\_

Interests and Skills \_\_\_\_\_

### Classes Registering for:

1) \_\_\_\_\_  
(Course Title) (Day/Date/Time)

2) \_\_\_\_\_  
(Course Title) (Day/Date/Time)

3) \_\_\_\_\_  
(Course Title) (Day/Date/Time)

### Drop - In Activities

\_\_\_\_\_

**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 am in good enough physical condition to participate safely. I hereby grant permission to UNC Hospitals and/or any other licensed medical facility and/or my physician to provide treatment as deemed necessary for my wellbeing. I hereby grant the Wellness Program of the Orange County Department on Aging permission to use any photographic likeness taken.**

**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 hereby release and discharge Orange County, the Orange County Department on Aging, and any and all employees or agents there of from all claims of any kind or nature whatsoever arising out of actions of the above said employees or agents. 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 have informed the Orange County Department on Aging staff of any physical conditions that may hinder my participation in the program or activity. 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 Orange County Department on Aging permission to use any photographic likeness taken.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

Complete and return the Senior Centers Registration form to either of our senior centers:

Central Orange Senior Center  
P.O. Box 8181  
103 Meadowland Drive  
Hillsborough, NC 27278

Seymour Center  
2551 Homestead Road  
Chapel Hill, NC 27516