

Dublin Community Senior Center Emergency Form

Your Name _____ Phone _____

Address _____ Birthdate _____

City _____ State _____ Zip Code _____

In case of emergency, please contact:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Primary Physician _____ Phone # _____

Please list your current medications: (If you have a list of medications, we can xerox it)

<u>Medication</u>	<u>Dosage</u>	<u>Condition Treated</u>
-------------------	---------------	--------------------------

Please check any of the following health/physical conditions you have:

Diabetes _____ Vision problems _____ Hearing loss _____ Seizures _____ Walker _____
Hypertension _____ Cancer _____ Lung condition _____ Speech impaired _____ Cane _____
Arthritis _____ Heart condition _____ Circulation problems _____ Wheelchair _____

Please list any medication or food allergies below:

Consent for the Release of Confidential Medical Information

I, _____, authorize the Dublin Community Senior Center to disclose identifying information for the purpose of:

1. Notifying emergency contacts in the event of an emergency.
2. Providing medical information to emergency caregivers (if needed)

Member Signature: _____ Date _____

RELEASE AND HOLD HARMLESS AGREEMENT

By using the facilities and services and participating in the programs of the Charter Township of White Lake ("Township") Dublin Community Senior Center ("Center") and/or by my attendance at any of the programs, activities, trips, or functions of the Center, I expressly agree to the following:

1. **Release and Waiver of Liability.** I agree to release the Township and the Center from any and all liability, responsibility, obligation, or duty whatsoever for any injury to me or damage to my personal property in connection with my involvement or participation in any programs, activities, trips or functions sponsored or hosted by the Township or Center (the "Programs"). I hereby release and discharge the Township and the Center and their employees, elected and appointed officials, officers, agents, attorneys, successors, and assigns, from any and all claims, demands, suits, liabilities, damages, costs, expenses, actions, rights or causes of action of any kind or nature, whether known or unknown, foreseen or unforeseen, accrued or contingent, arising from or by reason of or in any way connected with my involvement or participation in the Programs. I hereby waive all claims for liability against the Township and the Center.
2. **Hold Harmless.** I agree to indemnify, defend, and hold harmless the Township and the Center (and their employees, elected and appointed officials, officers, agents, attorneys, successors, and assigns) from and against all suits, damages, expenses, and consequences of liability imposed on the Township and the Center that are caused by my acts or omissions in connection with the Programs.
3. **Reimbursement.** I agree to reimburse the Township and the Center for all reasonable costs for any damage to Township or Center facilities, vehicles and equipment resulting from my acts or omissions in connection with the Programs.
4. **Photo Release.** I hereby authorize White Lake Township to use photographs of me participating in Township and Center programs and events in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, internet, world wide web), or other forms of promotion. I hereby release White Lake Township, the photographer, their officers, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I waive all rights of compensation for the use of the said photograph(s). In signing this release, I affirm that I have read and fully understand all the terms and contents of this general release.

I have carefully read this Release and Hold Harmless Agreement and fully understand its contents. I am aware that this may affect certain legal rights I may have, and I sign it of my own free will.

Print Name _____

Member Signature _____

Date _____