

2018-2019 Registration & Release Form



Town of Ellington – Human Services Department/Senior Center
40 Maple Street, Ellington, CT 06029 Telephone: (860) 870-3133



All resident and non-resident members must have a completed Registration and Emergency Contact Form on file. This confidential, mandatory form is required annually to start, or continue to participate, in all Senior Center programs. Refer to the Ellington Senior Center Handbook & Operating Procedures for more information on Senior Center Programs. Submit all forms and payment, if applicable, to the administrative secretary prior to activities. Thank you, Erin R. Graziani, Senior Center Director

Revised, 04/01/2018

NAME: _____

STREET ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ CELL PHONE #: _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

ALLERGIES: Do you have any allergies? _____ If, yes, please explain: _____

EMERGENCY CONTACT PERSON (FAMILY/FRIEND)

1. Name: _____ Relationship: _____

Telephone Number: _____ Cell Phone: _____

Address: _____ Town: _____ State/Zip Code: _____

2. Name: _____ Relationship: _____

Telephone Number: _____ Cell Phone: _____

Address: _____ Town: _____ State/Zip Code: _____

I have received, read and understand the “HANDBOOK & OPERATING PROCEDURES FOR SENIOR CENTER PROGRAMS”. In the event photos are taken I hereby give permission for the Senior Center to use said photos in promotional literature, including brochures, flyers, social media and on the website. _____ (initial)

Hold Harmless Agreement:

To the fullest extent permitted by law, while participating in programs offered by the Town of Ellington, Senior Center or any activity held at another location, I, for myself, my heirs, successors, executors, administrators and assigns, knowingly and voluntarily do hereby RELEASE, INDEMNIFY and HOLD HARMLESS the Town of Ellington, its officers, employees and agents from and against any and all losses, claims, costs, damages, judgments, suits and expenses, including reasonable attorney’s fees arising from, alleged to arise from, or resulting in personal injury to me, any third party, or my property and from and against any claims of injuries or damages that I may cause to any person or property. I do understand that if I am injured while participating in programs, I will report it immediately, but as I am not an employee of the Town of Ellington I have no right to claim a worker’s compensation injury. Further, that I will be responsible for any medical bills should I become injured. I also know that I am not authorized to use power tools. The use of media equipment for programs is permissible.

Agreement of Participant:

Printed Name: _____ **Signature:** _____ **Date:** _____

Office Use Only: Received By: _____ Date: _____ Key Tag Needed: Y/N Key Tag Number: _____