



SUNRISE SENIOR CENTER REGISTRATION FORM

(MEMBERSHIP CARD REQUIRED EACH TIME YOU REGISTER FOR A PROGRAM OR TRIP)

New Membership Renewal

Name: _____

Address: _____ Apt.#: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Email Address: _____ Allergies: _____ Medications: _____

Emergency Contact: _____ Phone: _____

New Membership Renewal

Secondary Household Member Name **OR** Guest Name: _____

Cell Phone: _____ Date of Birth: _____

Email Address: _____ Allergies: _____ Medications: _____

Emergency Contact: _____ Phone: _____

Participant's Name	Activity Name	Activity #	Fee

TRIPS ONLY: Please indicate if you will be bringing one of the following to allow for bus accommodations : Wheelchair Scooter

Total \$ _____ Check: # _____ Cash: Staff Initials: _____ Date: _____

CREDIT CARD PAYMENT	
Visa Mastercard Discover American Express Exp. Date / Card #	
Signature as it appears on the card:	
I agree to pay the above amounts listed as credit card charges according to credit card user agreements	

Refunds for Senior Trips must be made at least 24 hours prior to the start of the trip, however the City reserves the right to retain fees to cover expenses that are non-refundable to the City. All refund requests must be made in writing using the refund request form issued at the front desk of the Senior Center.

PLEASE NOTE: FLORIDA PUBLIC RECORDS LAW REQUIRES THAT ALL INFORMATION (INCLUDING E-MAIL ADDRESSES) RECEIVED IN CONNECTION WITH CITY BUSINESS BE MADE AVAILABLE TO ANYONE UPON REQUEST, UNLESS THE INFORMATION IS SUBJECT TO A SPECIFIC STATUTORY EXEMPTION. PLEASE SEE REVERSE FOR REQUIRED RELEASE AND WAIVER.

RELEASE AND WAIVER FOR ADULTS AND MINORS

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CITY OF SUNRISE, ITS DEPARTMENTS, EMPLOYEES, OFFICIALS, COACHES, VOLUNTEERS AND AGENTS (HEREINAFTER "RELEASED PARTIES") USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOU OR YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOU OR YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOU OR YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I, the undersigned, as the undersigned or as the parent or legal guardian of the minor child ("my child") named below, do hereby give my full consent and approval for me or my child to participate as a member of the City of Sunrise's Recreation Programs.

I understand that there are certain risks of damages and injuries, including death, inherent in the City of Sunrise's Recreation Programs, as well as in traveling and in other related activities incidental to my or my child's participation, and I am willing to assume these risks on behalf of myself or my child. These risks include, but are not limited to, those hazards associated with weather conditions, travel, playing conditions, equipment and other participants.

I understand that there is inherent risk in Recreation Programs and that inherent risk means those dangers or conditions, known or unknown, which are characteristic of, intrinsic to, or an integral part of the activity; and that the term "inherent risk" further includes, but is not limited to: (1) the failure by the Released Parties to warn me or my child of an inherent risk, and (2) the risk that someone may act in a negligent or intentional manner and contribute to the injury or death of me or my minor child.

Further, I agree that in consideration for my or my child's participation in the City of Sunrise Recreation Programs, I hereby waive, release, discharge and agree not to sue the City of Sunrise, its departments, employees, officials, coaches, volunteers and agents ("Released Parties"), for any and all causes of actions, claims or damages arising out of or resulting from my or my child's participation in this activity, including but not limited to damages, injuries, or death arising out of the negligence of Released Parties or otherwise. I agree that for me or my child to participate in the activity, I assume full responsibility for any loss of property, accident, bodily injury, or death as a result of my or my child's participation in this activity.

I hereby permit the City of Sunrise to use or distribute any or all still and/or moving images in which I/my child/my ward appear for any use including, but not limited to: video, Web, print and multimedia applications; training or other instructional materials; advertising, commercials or other promotional materials; and other forms of media, without compensation. Any image (s) created shall be the property of the City of Sunrise.

I hereby give permission for me or my child/ward to receive necessary medical treatment.

I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify and defend the Released Parties from any and all causes of action, claims, damages, costs including but not limited to attorney's fees and costs, which may arise from any cause of action made by me or by, through or on behalf of me or my child, even if the damages, injuries or death are caused in whole or in part by the negligence of the Released Parties.

I acknowledge (a) that I have read (or have had read to me) each and every one of the provisions in this waiver, release of liability and indemnification agreement, (b) that I understand each of the provisions in this agreement and (c) that I agree to abide by them.

DATE

PRINT NAME(S) OF PARTICIPANT(S)

SIGNATURE(S) OF PARTICIPANT(S)