



ANDERSON MEMORIAL SENIOR CITIZEN CENTER 50+ ADULT PROGRAMS



REGISTRATION AND RELEASE OF LIABILITY FORM

PARTICIPANT INFORMATION

FIRST Name:	LAST Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Home Address	Unit	City	State Zip Code
Home Phone: - -	Work Phone: - -	Cell Phone: - -	Date of Birth: - -
Email Address:			
<input type="checkbox"/> CHECK THIS BOX TO BE INCLUDED ON THE EMAIL LIST <input type="checkbox"/> CHECK THIS BOX IF ADDRESS/PHONE NUMBER HAVE CHANGED			

MEDICAL INFORMATION

Insurance Provider:	Policy #:
Physician Name:	Phone: - -
Dentist Name:	Phone: - -
Please check all that apply:	
<input type="checkbox"/> Contact Lenses <input type="checkbox"/> Dentures <input type="checkbox"/> Diabetic <input type="checkbox"/> Epileptic <input type="checkbox"/> Metal in body	
Do you utilize mobile aides:	
<input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter/Power Chair <input type="checkbox"/> Segway	
List up to four medical conditions you want emergency responders to know about you:	List up to four medications you want emergency responders to know about you:
1.	1.
2.	2.
3.	3.
4.	4.
Allergies to medication: <input type="checkbox"/> Yes <input type="checkbox"/> No	Food allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:	Please list:

Dietary restrictions:

Additional information:

EMERGENCY INFORMATION

Name (FIRST, LAST)	Relationship	Home Phone - -	Cell Phone - -
Name (FIRST, LAST)	Relationship	Home Phone - -	Cell Phone - -
Name (FIRST, LAST)	Relationship	Home Phone - -	Cell Phone - -





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GENERAL POLICIES & PHOTO/VIDEO RELEASE

1. Payments may be made with cash (exact change), debit or credit (Visa/MasterCard only) and by check or money order. Online registration is preferred.
2. No refunds unless the program is cancelled. There are no credits or make-up days for missed days. No classes on City observed holidays.
3. The facility is NOT responsible for lost or stolen articles.
4. I will not engage in any activity that is disruptive to the center.
5. I will not engage in any activity that may present a danger to myself or others.
6. I will not use language or behavior that is obscene, abusive, loud or insulting to others.
7. I will not harass or discriminate against staff, participants or guests especially based on race, gender, age, national origin, religion or disability.
8. I will not participate in any activities while under the influence of alcohol or illegal drugs.
9. I will not participate in any illegal activity while at the center.
10. I will not carry a weapon in the center.
11. I will not destroy or partake in theft of City or personal property in the center.
12. I will maintain a level of personal hygiene consistent with generally accepted standards of health and safety for myself and others.
13. I will not smoke or use other tobacco products and electronic smoking devices inside the senior center, including public areas and restrooms.

PHOTO/VIDEO RELEASE

By registering, I authorize the City of Los Angeles, Department of Recreation and Parks, to make, procure or use photographs, film, tapes, or other likeness of my physical image and /or voice as may be needed for use with the programs publicity material in perpetuity without compensation.



Initial

I acknowledge that I have read and understand all of the policies as listed on this application.

PRINT NAME	SIGNATURE	DATE
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RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

AUTHORIZATION TO PARTICIPATE

I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure my safety. I understand the nature these activities and I am aware of my experience and capabilities and believe to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to myself in connection with these programs. I further understand that the City of Los Angeles Department of Recreation & Parks **CARRIES NO INSURANCE.**



Initial

CONSENT TO TREATMENT

I do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician licensed under the provisions of the Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that I am participating in, unless revoked sooner in writing and delivered to said agent.



Initial

**AGREEMENT TO ASSUME RISK OF INJURY OR DAMAGE
FOR NON-CITY SPONSORED ACTIVITIES**

I understand that I have registered for the City of Los Angeles Department of Recreation and Parks (RAP) Senior Citizen Programs ("RAP Senior Programs"). I acknowledge that I may have also registered for membership or programming offered by the Federation of Senior Citizen Clubs ("Federation") or other third party groups that are not a part of RAP ("Non-City Groups"). By registering for RAP Senior Programs, I will have access to recreational programming organized and sanctioned by RAP. I understand that even though some of these RAP Senior Programs may involve the Federation or Non-City Groups, that all RAP Senior Programs are sanctioned by RAP, that RAP Senior Programs are NOT Federation programs or programs of Non-City groups, and that the Federation or Non-City Groups are not a part of RAP or the City of Los Angeles ("City"). The Federation or Non-City Groups may independently organize or provides services, activities or trips external and separate from any RAP Senior Programs ("Non-City Sponsored Activity").

I further acknowledge and understand the following:

1. RAP does not sanction any Non-City Sponsored Activity and any participation in any Non-City Sponsored Activity is done at my own risk.
2. Federation Board members or members of Non-City Groups are not representatives of RAP or the City and do not speak or act on behalf of the City or RAP.
3. Even if any Non-City Sponsored Activity originates from or involves a RAP facility, if such activity is not one of the RAP Senior Programs that requires prior registration through RAP, it is still considered a Non-City Sponsored Activity which is not sanctioned by RAP.
4. I will know what activities and/or programs are RAP Senior Programs because my participation in those activities will require that I register for those activities or programs through RAP's online system (RecTrac) and any fees for participation in those activities and programs will be collected through that system or directly by a RAP employee or RAP volunteer.
5. Any money or fees I pay to any person who is NOT a RAP employee or RAP volunteer, including a representative acting on behalf of the Federation or any other Non-City Group, is done at my own risk.



Initial

PRINT NAME	SIGNATURE	DATE
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COVID-19 ACCEPTANCE OF RISK AND WAIVER LIABILITY

Pursuant to City of Los Angeles Ordinance No. 187219, beginning Monday, November 29, 2021, **PROOF OF COVID-19 VACCINATION** will be required for individuals eligible for COVID vaccination to enter all indoor LA Parks facilities. All individuals that are eligible for COVID vaccination participating or entering an indoor facility must show **PROOF OF COVID-19 VACCINATION**. For those unable to provide **PROOF OF COVID-19 VACCINATION**, alternative programming is available. Information can be found here: bit.ly/rapalt.

FACE MASK REQUIRED IN ALL CITY FACILITIES.

COVID-19 ACCEPTANCE OF RISK AND WAIVER LIABILITY

By my participation I am fully aware that there are a number of risks associated with my entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me to participate in RAP programs during this emergency period.

Therefore, without limitation, I understand that I could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death.

On behalf of myself and/or my heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "**City Representatives**"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "**Damages**") as a result of me entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from my contraction of COVID-19.

PRINT NAME	SIGNATURE	DATE
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