

GRAND TRAVERSE COUNTY SENIOR CENTER NETWORK

Information will be kept strictly confidential and will be used only in case of emergency. PLEASE PRINT CLEARLY

CONTACT INFORMATION

Name:			
Primary Phone: () -	Birthday: / /		
Mailing Address:			
City:	State:	Zip Code:	County:
Email:			Township:

MAILINGS

I WOULD LIKE TO RECEIVE THE: Travel Brochure (once a year)

Newsletter: (bi-monthly) Mail Email

PERSONAL INFORMATION (Optional)

<input type="checkbox"/> Veteran/Branch:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> I Live Alone	
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other:	

EMERGENCY CONTACT INFORMATION

Person to contact in case of emergency (**OTHER THAN SPOUSE**)

Name:	Primary Phone: () -
Relationship:	Secondary Phone: () -
Physician's Name:	Phone: () -

FIRST NAME:

LAST NAME:

STAFF USE ONLY

FEE SCALE

\$0/year GT County resident, 60+
\$10/year GT County resident,
 under 60
\$50/year Out of county Resident

Volunteer

I request a scholarship and the **Fee be Waived** on my behalf. *Must be a GT County resident to request fee to be waived.*

Director Approval: _____

Cash or check, checks payable to:

GTCPR

V2.8 - 3/16/2016

D:	/	/	P:\$	I:
----	---	---	------	----

Entered in MSC by Initials:

REGISTRATION QUESTIONS STAFF USE ONLY

- CodedRED** (Program #'s into cell of those that register: Emergency: 866-419-5000 & General: 855-969-4636
- Emergency Evacuation**
- Smart 911** Must have valid email address
- Scam Zone**

NOTES

SPECIAL PROGRAMS AND WAIVER OF LIABILITY

Emergency Evacuation: Please check one box.

If you live alone, and have limited mobility, would you need assistance getting out of your residence safely in the event of an emergency evacuation in your area? NO YES

The No Scam Zone: Please check one box.

When a verified scam happens in our area, we can notify you quickly by email and a phone call. Would you like to be enrolled in this free program? NO YES

CodeRED: Please check one box.

CodeRED is an emergency notification service that allows emergency officials to notify residents and businesses by telephone, cell phone, text message, email and social media regarding time-sensitive general and emergency notifications such as severe weather warnings, evacuation notices and missing child alerts. Only authorized officials have access to the CodeRED system. **Only available for Grand Traverse County residents.** Would you like to be enrolled in this free program? NO YES

Smart 911: Please check one box. Must have valid email address to participate.

Smart911 can help protect you, your loved ones, and other members of your household. By creating a Safety Profile with Smart911 during a calm moment, you can take the time to ensure that the information is correct and accurate and exactly what you would like to be communicated to emergency response teams in an emergency. Smart911 is free to all citizens. Senior Center Staff can help you create a profile; would you like assistance? NO YES*

**If you mark yes, you will be contacted to set up an appointment.*

Waiver of Liability: Please sign.

I, _____, in consideration of the valuable programs offered to me as a member of the Grand Traverse County Senior Center Network (hereinafter "Senior Center"), agree to all of the following terms and conditions of membership:

(1) ACKNOWLEDGEMENT AND ACCEPTANCE OF RISKS AND RESPONSIBILITIES

I understand that participating in any program that involves physical activity or travel, including but not limited to sports, athletic, exercise, wellness, health, entertainment, social, or travel programs, involves certain risks and dangers including serious injury or death. I acknowledge that I am aware of these risks and accept all responsibility for any damages or personal injury that may occur as a result of my participation in such activities.

(2) RELEASE AND WAIVER OF LIABILITY

I agree to release Grand Traverse County and all of its elected and appointed officials, employees, volunteers, representatives and agents from any and all liability, claims, demands, actions or rights of action, including but not limited to claims for injury, wrongful death, property damage, stolen or lost property, which are related in any way to or are in any way connected with my participation in programs offered to me by the Senior Center.

I also acknowledge that the Senior Center sometimes employs independent contractors to provide its program services. The Senior Center does not assume responsibility for the actions of its independent program service providers. These program service providers serve as independent contractors and are not employees or agents of the Senior Center. Any damages resulting from their actions are the sole responsibility of the independent program service provider.

I grant Grand Traverse County, its representatives and employees the right to take photographs of me and my property in connection with any event. I authorize Grand Traverse County, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree Grand Traverse County may use such photographs of me with or without my name and for any lawful purpose including for example such purposes as publicity, illustration, advertising and Web content. I release Grand Traverse County, its officers, employees and elected officials, from any and all present or future claims, causes of actions, damages, costs or expenses that any way arise out of, or result from, Grand Traverse County's use of the authorized photo(s) on its web sites.

I also understand that this release of liability is binding upon not only myself but also my heirs, executors and assigns. My signature below indicates that I have read this entire document, I understand it completely, and agree to be bound by its terms.

SIGNATURE:

DATE: