

Senior Services Program Participation Waiver

Participant Information

Full Name

Address

City

State

Zip Code

Phone Number

Email

Waiver & Release of Liability

I, the undersigned, acknowledge and agree that my participation in the Senior Services Program is voluntary. I understand that participation may involve physical activities and other risks. I hereby release, discharge, and hold harmless the program organizers, their employees, agents, and affiliates from any and all liability, claims, demands, or causes of action that may arise from my participation, except for those arising from gross negligence or willful misconduct.

I certify that I have read this waiver, understand its content, and sign it voluntarily.

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I have read, understood, and agree to the terms and conditions stated above.

Participant Signature

Date

If participant is unable to sign, Authorized Representative

Date