

Elderly Social Activities Participation Waiver

I, the undersigned, acknowledge that I am voluntarily choosing to participate in the social activities organized by

.

I am aware that participation in these activities may involve certain risks. I hereby release and hold harmless

, its staff, volunteers, and affiliates from any and all liability, claims, or demands for any injury, illness, loss, or damage which may be incurred as a result of my participation.

I confirm that I have read and understood the information provided and agree to participate at my own risk.

Participant Information

Full Name:

Date of Birth:

Phone Number:

Emergency Contact:

Relationship:

**Emergency Contact
Phone:**

Participant Signature:

Date:

**If applicable, Guardian
Signature:**

Date: