## **Senior Center Forms**

Look at the forms, print them, fill them out and bring them into the center.

## **Supporting Documents**

Senior Center Form 88.36 KB

## TEMPLE SENIOR CENTER MEMBERSHIP

## PERSONAL INFORMATION & RELEASE FORM

Name	Male	Male( ) Female ( ) DOB	
Address			
Street No.	City	State	Zip Code
Home Phone	2nd Phone_	E_Mail	
Emergency Contact #1			
Name		Phone No.	Relationship
Emergency Contact #2			
Name		Phone No.	Relationship
Personal Physician & Phone #			
Special Medical Instructions_			
Military Service Yourself or S	pouse		

Release: There may be, by participation in center activities, a risk of personal injury. By signing this waiver release form you are hereby acknowledging the risk. You are waiving your right to take legal action against the City of Temple, the Temple Senior Center, or any of the employees or volunteers working with our organization, for liability, should you incur an injury.

Consent of Treatment: I authorize such physician or medical staff as the Temple Senior Center may designate, to carry our any minor medical or surgical treatment and/or medication necessary, or to take me to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for my well being. The physicians, employees and/or volunteers of the Temple Senior Center and/or City of Temple are hereby released, acquitted and discharged from any claim for damage or suit by reason including transportation to or from the event/or to any program, and in that regard, I hereby covenant that on my behalf not to file a claim or suit with respect to any such injury or damage against the above individuals, and I fully understand the provisions of the above releases. I hereby agree that I will be bound thereby.