



ACC Senior Services
Registration Form
Hold Harmless and Release of Liability

Key tag # _____

Participant Name (Print): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Date of Birth: _____

Completing the form below helps us better plan and provide the best services for our community.

Hold Harmless Agreement: I voluntarily participate in activities and programs offered by ACC Senior Services (ACC). I hereby hold harmless and release the ACC and its Board of Directors, staff, volunteers, instructors, and all individuals or entities associated with the organization (Released Parties) from any and all liability of claims, property damage, theft, personal injury, illness, death, and any losses or harm which may occur as a result of my participation in programs and activities offered and organized by ACC including those that are offered online or outside of its main facility of operations.

I AM AWARE THAT SOME CLASSES MAY POSE A DANGER TO ME. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, ILLNESS OR DEATH.

I also understand that it is my responsibility to consult a physician prior to starting a fitness class and that ACC reserves the right to refuse a person's participation in class due to safety reasons.

Consent to Photograph, Film and/or Tape: I understand that I may be photographed at the Activity. I agree to allow my photo, film, tape or likeness to be used for any legitimate purpose by the event holders, producers, sponsors, and organizers. Additionally, I waive any right to royalties or other compensation arising or related to the use of photographs, films or tapes.

I have been issued one MySeniorCenter Key tag for registering and checking into all my activities at ACC. I understand that there will be a \$5 charge for each replacement key tag.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Participant Signature: _____ Date: _____

IN AN EVENT OF AN EMERGENCY

I give consent to ACC and its Released Parties to contact the following Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Please complete the following information below if you are filling the Hold Harmless and Release of Liability for the Participant:

Name of Representative: _____ Relationship: _____

Signature: _____ Date: _____



ACC
SENIOR
SERVICES

ACC Senior Services

Registration Form

Hold Harmless and Release of Liability

Demographic information: all information provided will be anonymously collected for the purpose of grants and reports. Thank you for helping this program continue to grow and improve!

Gender:

- ☐ Female
- ☐ Male
- ☐ Transgender Male to Female
- ☐ Transgender Female to Male
- ☐ Gender queer/Non-Binary
- ☐ Not Listed
- ☐ Decline to answer

Primary language spoken at home

- ☐ English
- ☐ Mandarin
- ☐ Cantonese
- ☐ Spanish
- ☐ Vietnamese
- ☐ Hmong
- ☐ Russian
- ☐ Arabic
- ☐ Farsi
- ☐ Other: _____
- ☐ Decline to answer

Household Monthly Income

- ☐ Individuals: \$5,000 or more
- ☐ Individuals: \$5,000 or less
- ☐ Family of 2: \$5,717 or more
- ☐ Family of 2: \$5,717 or less
- ☐ Decline to answer

Veteran Status

- ☐ Not a Veteran
- ☐ I am a Veteran
- ☐ Member of a veteran household
- ☐ Decline to answer

Voluntary Self-Identification of Disability

- ☐ I have a disability
- ☐ I do not have a disability
- ☐ Decline to answer

Racial/Ethnic Identification (Select one or more)

- ☐ American Indian or Alaska Native
- ☐ Asian/Asian American
- ☐ Black or African American
- ☐ Hispanic/Latinx
- ☐ Native Hawaiian or Other Pacific Islanders
- ☐ White/Caucasian (non Hispanic)
- ☐ Decline to answer

Sexual Orientation:

- ☐ Straight/Heterosexual
- ☐ Lesbian/Gay
- ☐ Bisexual
- ☐ Questioning/Unsure
- ☐ Not Listed
- ☐ Decline to answer

Do you live alone?

- ☐ Yes
- ☐ No
- ☐ Decline to answer

How did you hear about us?
