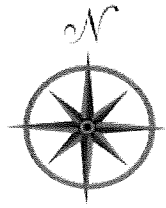


HUDSON SENIOR CENTER

19 Kimball Hill Road, Hudson NH 03051
located in the North Barn at Benson Park



NAME(S) : _____

ID NUMBER(S) : _____

CELL PHONE NUMBER: _____

HOME PHONE NUMBER: _____

OTHER PHONE NUMBER: _____

EMAIL: _____

Do you want to receive emails from the Hudson Senior Center?

Please CIRCLE one:

YES

NO

EMERGENCY CONTACT: _____

E.C. PHONE NUMBER: _____

CAR INFORMATION

MAKE: _____

MODEL: _____

YEAR: _____

COLOR: _____

PLATE NUMBER: _____

SENIOR CENTER REGISTRATION - OFFICE USE - FY

PAID: CASH: CHECK #:

STAFF: DATE: UPC:

Hudson Senior Center Registration



So that we may better serve you, we ask that all Seniors who actively partake of the programming offered by Hudson Senior Services provide us with the following information.

General participation is \$10 per year. (Checks made payable to: Town of Hudson)

Please complete this form and return it to the front desk of the Senior Center

Please **PRINT**:

Date: _____

First Name :	Nick Name:	Middle Initial:	Last Name:
Street Address including Apartment/Unit Number if Applicable or Post Office Box:			
City:	State:	Zip Code:	
Phone Number: ()	Email Address:	Gender :(circle) M F	Date of Birth:
Name and Activities or hobbies desired on Name Badge:			Vial of Life <input type="checkbox"/> Given Form <input type="checkbox"/> Turned In
What motivated you to come in today? _____			
Activities and Programs you want to participate in: _____			
<i><u>If there is a second person at the same address to participate, please enter the name below:</u></i>			
First Name of second member	Nick Name	Middle Initial	Last Name
Email Address	Gender (circle) M F		Date of Birth
Name and Activities of Hobbies desired on Name Badge			Vial of Life <input type="checkbox"/> Given Form <input type="checkbox"/> Turned In
What motivated you to come in today? _____			
Activities and Programs you want to participate in: _____			

For Office Use Only: Date: _____ Database 1 2 ID 1 2 3 Paid \$ _____ Ck # _____ VOL ___ O _____

Hudson Senior Center

19 Kimball Hill Road,

Hudson NH 03051

Phone: 603.578.3929

Email: lbowen@hudsonnh.gov



General Release and Indemnification Agreement

I, _____ (print name), am requesting to participate in the senior programs of the Town of Hudson, New Hampshire. The senior programs are voluntary and I am not required to participate in them. In consideration of the Town of Hudson granting me permission to participate in the senior programs and for other valuable consideration, I _____, am entering into this General Release and Indemnification Agreement which extends to the Town of Hudson, N.H., its employees, agents, Boards, and volunteers, and any and all individuals and organizations assisting or participating in any of the senior programs, both individually and in their official capacities (hereinafter "the Releasees"). Please initial the following statements:

_____ The activities in which I may participate include physical activities that may include the use of exercise equipment and weights.

_____ I understand that my participation will or could subject me to numerous dangers or risks of personal injury, even death, as well as other injuries or damages. I have considered these risks and dangers and relying on my own judgment, I have voluntarily chosen to participate in the senior programs of the Town of Hudson and to assume all such dangers and risks in my participation.

_____ I certify that I am in suitable health and capacity to participate in these senior programs.

_____ I knowingly and voluntarily release the Releasees from any and all claims, rights or action and causes of action that may have arisen in the past, or may arise in the future, seen or unforeseen, directly or indirectly, or within or without the control of the Releasees, and also all claims which I have or may acquire, for or on account of any losses, damages, personal injuries, pain and suffering, death, property damage, contract claims or negligence resulting from, arising out of, directly or indirectly, during or in any way connected with my enrollment or participation in the senior programs.

_____ I further agree to indemnify, defend and hold harmless the Releasees from liability for the injury or death of any person and any damage to property that might result from my negligence, intentional acts, or omissions, resulting from, or arising out of, directly or indirectly, during or in any way connected with my enrollment or participation in the senior programs.

_____ I acknowledge that I have read this General Release and Indemnification Agreement. I also understand and acknowledge that this Agreement obligates me to indemnify the released parties for any liability for injury or death of any person and damage to property caused by my negligent or intentional acts or omissions while enrolled or participating in the senior program.

This General Release and Indemnification Agreement shall be construed to be as comprehensive as allowed by law and as severable. The invalidity of any portion of this Agreement shall not affect any other portion and shall not establish a legal or other relationship between or among those released which does not in fact exist.

In witness whereof the parties have hereunto set their hand this _____ day of _____ 20__.

Please Print Name of Participant

Signature

Signature of Witness from Town

Hudson Senior Center

19 Kimball Hill Road,

Hudson NH 03051

Phone: 603.578.3929

Email: lbowen@hudsonnh.gov



Standards of Independence and Behavior

As a participant of the programs and services offered by Hudson Senior Services, I understand it is a privilege to partake of this public program. I respect and recognize that policies and procedures have been developed to help ensure a fair and safe operation for all involved.

Participants of Hudson Senior Services are expected to:

1. **Emergency Contact:** Provide the staff with a name and telephone number of a person to contact in case of an emergency. If a participant experiences a medical problem while on the premises, it is expected that the participant will follow the recommendation of the Senior Center staff to seek appropriate medical treatment.
2. **Alcohol and Smoking Policy:** Shall not smoke; drink alcohol; or using illegal substances on the premises. Participants who attend the Senior Center while inebriated will be asked to leave immediately. Repeated violation of this policy may result in suspension.
3. **Personal Care:** Participants are expected to provide their own personal care including, hygiene, toileting, continence, and feeding.
4. **Independence:** Participants are expected to be reasonably oriented, capable of independent decision making, and capable of planning their own activities. (i.e. transportation, lunch, and Senior Center activities.)
5. **Respect:** Participants are expected to avoid causing disturbances or disruptions and to be respectful of other participants. Participants must also show respect for building facilities and the personal property of others.
6. **Health Care:** Participants are expected to be responsible for their own personal health and medical care, including the taking of medications, monitoring special diets etc. The Center is not responsible for providing assistance with medication and other personal health and medical care.
7. **Violence:** Violence or threats of violence are not permitted and will result in the participants being asked to leave and may lead to permanent suspension of Senior Center privileges.
8. **Derogatory Statements:** Statements regarding race, ethnicity, religion, or life style will not be tolerated.
9. **Sleeping:** Sleeping on the premises is not permitted.
10. **Dress Code:** Proper attire required (shoe and shirt) at all times.
11. **Personal Property:** Storage of personal belongings is not permitted. All participants are required to leave the areas they have been using (i.e. activity rooms, exercise rooms and equipment, bathroom, Dining Room, function Room) in a clean state. Touching or removing personal articles of other participants is not permitted.

12. Personal Conduct: If any inappropriate behavior is witnessed or reported, the staff will use discretion to take corrective action, i.e.: ask the participant to abstain from the inappropriate behavior, or if necessary, contact the police, doctor, ambulance, or emergency contact person. Repeated violations may result in the participant being asked to leave and may result in the participant being asked to leave and may result in temporary or permanent suspension of Senior Center privileges.
13. As a participant of Hudson Senior Services, I am willing to make a personal commitment to my fellow seniors, agreeing to serve. I have read this Pledge of Commitment and agree to act accordingly.
14. Guest Passes: Each Registered Senior may bring a guest to the Center up to three times a year without having their guest register. They may also bring a guest to a specific activity or on a trip if the activity or trip is open to the public or non-registered participants.
15. Name badge: Each registrant must sit for a picture and receive their name badge. These badges must be worn in the center.
16. Entrance Swipe: Upon entering the building each registrant will swipe their card and check into the Center. Please see the director or a volunteer if you have questions.

In witness whereof the parties have hereunto set their hand this ____ day of _____ 20_____.

Signature of Participant

Date: _____

Signature of Town of Hudson, NH Witness