

CITY OF GULFPORT SENIOR CENTER  
**REGISTRATION Please print clearly – In Ink!**

**2012**

**NEW REGISTRATION**

**CHECK IF: ANNUAL INCOME LEVEL:**

Last Name		First Name		Middle		Single Person Household Below: \$10,400.00 <input type="checkbox"/> Couple Household Below: \$14,000.00 <input type="checkbox"/>	
Address			Apt/Lot #		Apt/Park	Gender M F	Home Phone
City		State	Zip	Age		Birthday (Mo/Day/Year) _____ / _____ / _____	
Email: _____							
<input type="checkbox"/> Year Round Resident		<input type="checkbox"/> Seasonal Resident		<input type="checkbox"/> Rural		Months Here : _____	
Spouse or Local Emergency Contact	Name		Address		Relationship		Daytime Phone
Other Emergency Contact	Name		Address		Relationship		Daytime Phone
Special Conditions Staff Should Be Aware Of or "NONE"			(Optional Information) <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other				
Hospital Preference in case of Emergency				This information is for your benefit as well as for us. Staff will use your Medical and Emergency Contact information only in the event of an emergency or serious concern. ALL INFORMATION IS CONFIDENTIAL to the Gulfport Senior Center.			
Renewals are due after October 1 of each year							

Check  If You Have Received Member Guidelines

**MUST BE RENEWED ANNUALLY**

**RELEASE AND HOLD HARMLESS AGREEMENT CITY OF GULFPORT COMMUNITY SERVICES DEPARTMENT**

The undersigned, being over the age of eighteen (18) years, does hereby request the City of Gulfport of Pinellas County, Florida, for permission to participate in the City's Senior Center Activities. I understand the benefit of this program/event and if accepted, I agree to obey all instructions, orders and commands given me by the City employee or official in charge of the program/event. I acknowledge the risks of participating in this program/event and I may be subject to physical injury or property damage, whether caused by an intentional or unintentional act or omission, including motor vehicle accidents while riding in a City vehicle. In full consideration and acknowledgement of the risks of participating in this program/event, I freely and voluntarily agree to participate in this program/event and accept the risks of so doing.

In consideration of being allowed to participate in this voluntary City program/event and receiving the benefit thereof, I, for myself, my heirs, personal representatives, next of kin, or assigns do hereby forever release, waive, discharge, hold harmless and covenant not to sue the City of Gulfport, its officials, offices, agents, employees, representatives, assigns and insurers, individually and collectively, or The Gulfport Multipurpose Senior Center Foundation, Inc., its officers or representatives, hereinafter referred to as "releasees", of and from all liability for any and all loss or damage, including personal injury, property damage or death, whether caused by the negligence of the "releasees" or otherwise, while I am in any way participating in the above described program/event.

I further acknowledge that I have read and fully understand this release and hold harmless agreement, and that I have voluntarily executed the same without any further inducement or promise not contained herein. I expressly agree that this agreement shall be construed as broadly as permitted by the law of the State of Florida, and that if any part hereof is declared invalid, the remainder shall remain in full force and effect. (Revised 11-6-2004)

**PERMISSION OF PRESS RELEASE: I understand that the City of Gulfport may take photographs or video of Senior Center activities. I understand that the City may release my name along with my picture for publication in the newspaper, program brochures or fliers. I also understand that the City may use video footage of me for public relations presentations.**

Signature: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_