



Hunterdon County Division of Senior, Disabilities & Veterans Services

Senior Center – Membership Form

4 Gauntt Place, PO BOX 2900

Flemington NJ 08822

Personal Information

Full Name: Last First M.I.

Address: Street Address Apt. No. City State Zip Code Township

Home Phone: Cell Phone:

Would you like to receive monthly updates on Senior Center information & activities by email? Yes No

E-mail Address:

Race: Hispanic Non-Hispanic Asian Indian Black Other

Ethnicity: Hispanic Non-Hispanic White

Lives Alone: Yes No

Birth Date: Marital Status:

Spouse's Name:

Spouse's Birth Date: Spouse's Phone: ()

Proof of Residency Required with Hunterdon County Address: Utility Bill or Senior/Veteran ID or NJ Driver's License

Primary Emergency Contact Information

Full Name: Last First M.I.

Relationship:

Home Phone: () Cell Phone: ()

Secondary Emergency Contact Information

Full Name: Last First M.I.

Relationship:

Home Phone: () Cell Phone: ()

OPTIONAL: (Information that may be considered pertinent)

The information provided is accurate to the best of my knowledge. I have read and agree to the rules and policies of the Senior Center and further understand that photos may be taken for promotional purposes.

Signature Date

Division of Senior, Disabilities and Veterans' Services
Release/Waiver of Liability

Name (Please PRINT): _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Name & Number: _____

Doctor's Name and Number: _____

Classes enrolling for (Onsite, Offsite OR Virtual): _____

Please check here if you give permission to DSDVS to use your photograph taken at events for publication by the DSDVS.

I hereby release, indemnify and hold harmless the DSDVS, its director, all employees and instructors from all claims, causes of actions and liability arising from or in any way connected to my participation on premises for **ANY** programs and event at the DSDVS, not limited to only fitness programs.

These include Hunterdon County Senior Health and Fitness Programs, in person as well as Virtual, via ZOOM. I understand that participation in fitness programs involves certain risks. I assume complete responsibility and liability for those risks and injuries that may occur because of those risks. **I will not hold the Instructor/Leader, Senior Health and Fitness, the Division of Senior, Disabilities and Veterans Services, the County of Hunterdon or any of their agents or employees responsible for any injuries or medical expenses resulting in any aspect of my participation.**

The fitness programs include but are not limited to ***Advanced Fitness, Aerobics, Ballet, Bocce, Chair Yoga, Gentle Exercise, Getting Stronger, Healthy Bones, Line Dance, Move Tomorrow, Pilates, Tai Chi, Tap Dance, Zumba.***

I claim to the best of my knowledge that I do not have a disability that would preclude safe participation in these programs.

I have been advised to consult my physician and get Medical Clearance for Exercise signed by them BEFORE participating in any activity. My physician and I will assess my physical and medical condition periodically for continued participation in programs.

I will follow directions given by the Instructor/Program Leader and notify them immediately if I feel ill or if I notice a dangerous condition.

I will wear appropriate clothing, shoes, etc.

I understand I must maintain my own health insurance and other insurance to pay for any injuries to myself while on the premises and participating in the class/activity. I understand the County will NOT be responsible for my medical expenses.

Please be advised that we are not a medical facility and are not trained to deal with medical issues.

911 will be called immediately for any emergency situations.

Signature: _____ Today's Date: _____

Witness: _____ Today's Date: _____

(Updated 6/13/2022)