



2019 ADULT REGISTRATION/RELEASE 50+ Club Daily Programs and Events

Hutton Center • 660 Colton Avenue • (909)370-6168

50+ Club Card # _____

NAME: _____ Date of Birth _____ Male Female
Address _____ City _____ Zip _____
Contact Phone Number _____ Alternate Phone Number _____

EMERGENCY CONTACT INFORMATION (Please list two, with first & last name)

Name: _____ Phone: _____
Name: _____ Phone: _____

I am aware that by participating in the **50+ Club, from here listed as "Activity"**, I may be exposed to risks of damage to personal property and injury. I understand and agree that I will comply with all relevant Colton Community Services rules, regulations, and instructions and that the failure to observe all rules may result in expulsion from the Activity and/or Facility.

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I HEREBY, AGREE TO THE FOLLOWING:

ASSUMPTION OF RISK

In consideration of being allowed to participate in the Activity, I hereby assume the risk of, and responsibility for, any such injury, death, or damage arising out of or in any way connected with participation, including injury, death, or damage resulting from any acts or omissions, whether negligent or not, or any property or equipment owned or supplied by or on behalf of Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate.

RELEASE AND INDEMNIFICATION

I agree on behalf of myself, my executors, heirs, administrators, and assigns, to release and discharge Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate from and against any and all liability arising out of or in any way connected with participation in the Activity, or upon their acts or omissions, whether negligent or not.

Additionally, in consideration for participating in the Activity, and to the maximum extent permitted by law, I voluntarily agree to indemnify and hold harmless, in advance, Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate, for any and all claims, lawsuits, demands, causes of action, costs, expenses, liabilities, losses, damages or injuries of any kind, in law or equity, to property or persons, including wrongful death, which may be brought by any person against Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate that may have or may hereafter accrue and that in any manner arise out of, pertain to, or are incident to said participation in the Activity, whether or not it consists of acts, omissions, or conduct which is deemed negligent (active or passive), willful, or otherwise. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my executors, heirs, administrators, and assigns.

MEDIA RELEASE

I hereby authorize Colton Community Services and anyone acting on its behalf to take and use any audio recording(s), photograph(s) and/or video(s) in which my image or voice appears for all purposes and in all media, including, but not limited to, written publications, brochures, advertisements, and the World Wide Web/internet. Colton Community Services shall have sole and complete ownership of the audio recording(s), photograph(s) and/or video(s), and shall have the exclusive right to make use of it/them, and any images or other productions derived from it/them, as set forth herein. I understand and agree that I will receive no monetary or other compensation for appearance in and Colton Community Services' use of the audio recording(s), photograph(s), and/or video(s); and that this document shall serve as a release and waiver of any and all publicity rights and any other claims (including, but not limited to, privacy, contract, libel or defamation) arising out of the use of the audio recording(s), photograph(s) and/or video(s), and any right to inspect or approve the finished product or advertising or other communications that may be used with the audio recording(s), photograph(s), and/or video(s).

KNOWING AND VOLUNTARY EXECUTION

I have carefully read this Agreement and fully understand its contents. I understand that I am making the above representation herein on behalf of myself. I agree that I will follow all obligations herein or other directives provided by Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate. I further understand and acknowledge that I am giving up valuable legal rights on behalf of myself and I knowingly and voluntarily give up these rights of my own free will on behalf of myself by signing this Agreement.

Print Name

Signature

Date

_____ (Initials) I have received, read and understand the attached **Colton Adult Code of Conduct** and agree to abide by the rules set forth in it.

Would you like to receive calls reminding you about: Wellness Checks? Upcoming Events?
(Please check the boxes that apply)

Would you like to receive the FREE 50+ Club Monthly Newsletter? Yes! No



(FOR OFFICE USE ONLY)

(FOR OFFICE USE ONLY)		
Valid Identification Verified	Date/Initials	NOTES/ COMMUNICATION LOG:
Reviewed Code of Conduct	Date/Initials	
Received Member Card	Date/Initials	
Card Number		Please write number on front as well.