



Senior Center Liability Release & Participation Waiver

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Updated **MAR 2026**

NOTICE TO PARTICIPANTS

This form is required for participation in all activities, events, programs, and services offered by the City of Pooler Senior Center. Please read the information carefully and complete all sections. The contact information you provide will be used only for program-related communications and will not be sold or shared.

Please note the following important guidelines:

- The City of Pooler Senior Center is not licensed as an Adult Day Care facility.
- Participants should consult their physician before beginning any new physical activity or program.
- Participants must be able to care for themselves independently or attend with a personal assistant. This includes safely navigating walkers or wheelchairs and functioning independently while at the center.

Participant Information

Participant Name	Date of Birth	Gender
Home Address		
Email Address	Mobile Phone	Home/Landline Phone

Emergency Contact

Contact 1 Name	Contact 1 Relationship	Contact 1 Phone
Contact 2 Name	Contact 2 Relationship	Contact 2 Phone

Participant Waiver, Acknowledgment, and Agreement

Liability Release

I release, absolve, and hold harmless the City of Pooler, its Senior Center, its employees, volunteers, board members, supervisors, and instructors from any responsibility or liability for any accident, injury, illness, damage, or death that may occur while participating in Senior Center activities or using the facility. **Initials:** _____

Assumption of Risk

I understand that many activities offered at the Senior Center involve physical movement and may carry inherent risks. I voluntarily assume all risks associated with my participation, including those resulting from my own actions, the actions of others, the condition of equipment or facilities, or the nature of the activity itself. I understand that I may discuss any concerns with program staff before participating. **Initials:** _____

Health Acknowledgment

I certify that I am in sufficient health to participate in Senior Center activities and that I am not aware of any



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physical condition that would prevent safe participation. I understand that I am responsible for consulting my physician regarding participation in activities if needed. I agree that my personal medical insurance will serve as the primary coverage in the event of an accident or injury. **Initials:** _____

Emergency Medical Care Authorization

In the event of a serious illness or injury, I understand that staff may contact emergency services (911), provide basic first aid within their training, and arrange for transportation to a medical facility if necessary. I authorize the City of Pooler Senior Center staff to contact my listed emergency contacts and consent to necessary emergency medical treatment. **Initials:** _____

Participation and Photo Consent

I give permission to participate in programs, activities, and events offered by the City of Pooler Senior Center. I also grant permission for photographs or video taken during activities to be used by the City of Pooler for promotional, educational, or informational purposes. **Initials:** _____

Agreement

I have read and understand this Participant Waiver, Risk Acknowledgment, and Agreement, and I voluntarily agree to its terms. I acknowledge that participation in Senior Center programs and activities is voluntary, and I agree to follow all rules, policies, and staff instructions while participating. I understand that if any portion of this agreement is found to be invalid or unenforceable, the remaining provisions will remain in full force and effect. This Agreement is binding upon me and my heirs, executors, administrators, successors, and assigns.

Participant Printed Name

Participant Signature

Date