



Senior Center at Frisco Square

STAFF USE ONLY
Verified by: _____
Date: _____

MEMBERSHIP INFORMATION (Please Print)

FIRST Name:		LAST Name:		
Birth date (REQUIRED & must include year):		Sex:	M	F
Street Address:				
City:		State:		Zip:
Home Phone:		Cell Phone:		
Work Phone:		E-Mail Address:		
How did you hear about the Senior Center?				
Have you previously been a member or guest member of the Senior Center or the Frisco Athletic Center?				
		Y	N	

EMERGENCY CONTACT INFORMATION (MANDATORY)

Name:		Relationship:		
Address:				
Home Phone:		Cell Phone:		
Work Phone:				

RELEASE OF LIABILITY FORM

I, on behalf of myself and/or the individual(s) being registered, agree to allow the registrant to participate in activities directly or indirectly operated, offered, conducted and/or otherwise provided by the City of Frisco (the "City") including, but not limited to, memberships, passes, admissions, classes, programs, special events and/or any other type of activity (hereinafter individually and collectively referred to as the "Activities") and hereby authorize the City, its employees, volunteers, program directors and/or instructors, as duly authorized agent(s) for the registrant, to consent to medical, emergency, surgical and/or dental care, services, examinations and/or any and all other treatments deemed necessary by such professionals and arising out of and/or in conjunction with, directly or indirectly, the Activities. I agree pictures taken of me and/or the registrant during the Activities may be used for any purpose.

For and in consideration of my/our participation in the Activities, I hereby agree to release, acquit, hold harmless forever discharge and waive any and all claims that I/we may have against the City of Frisco, its Council Members, officers, agents, representatives, employees, volunteers, program directors, instructors, members, heirs, legatees, administrators, executors and assigns, in whole or in part, in both their private and public capacities, (hereinafter collectively referred to as "Releasees") from any and all actions, causes of actions, claims, demands, damages, lawsuits, costs, loss of services, expenses and compensation, whether known or unknown, on account of, or in anyway arising out of or connected in any manner with my/our participation in the Activities, including, but not limited to, liability, damages, injury (including death), property damage, legal fees and/or costs caused by or related to any negligent or intentional act of any Releasee.

It is further agreed that the execution of this release and acceptance of the same shall not constitute a waiver by the City of Frisco, Texas, and its Releasees, of its/their governmental immunity and/or any other defense it may have at law and/or equity, whether state and/or federal. Acceptance of this release is not to be construed as an admission of any liability whatsoever by any or all of the Releasees.

I further agree to indemnify and defend the Releasees if I am not authorized to sign and legally bind the registrant to the terms of this release or if the person named herein attempts to rescind this release. If any term of the release is deemed void or voidable, it shall not affect the enforceability of anything else in the release. **This Release of Liability Form will be valid and in force and effect for all purposes stated herein for 12 months from the date of execution.**



Signature: _____

Date: _____