

THE RECREATION AUTHORITY OF ROSEVILLE & EASTPOINTE -- SENIOR CENTER  
18185 SYCAMORE ROSEVILLE, MI 48066  
(586) 445-5480

Request Mailed  
Receipt

Class/Program/Trip Name \_\_\_\_\_ Registration Date \_\_\_\_\_

Program/Trip Day & Time \_\_\_\_\_ Registration Fee \_\_\_\_\_

**\*\*PLEASE PRINT CLEARLY**

Make Checks Payable to: **R.A.R.E.**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

PLEASE LIST ANY PHYSICAL LIMITATIONS WE SHOULD BE AWARE OF:

\_\_\_\_\_

I hereby agree to release, discharge, indemnify and save the Recreation Authority of Roseville and Eastpointe and its departments, employees, and agents harmless from any and all liability claims, damages, and causes of action and costs of defense including attorney fees and other costs of whatever kind or nature which may arise or which result from participation in the above-mentioned program. Recognizing the normal risks of recreational activities, I agree to participate at my own risk by all the rules and regulations established by the Roseville-Eastpointe Senior Center.

\_\_\_\_\_  
**Signature** of Participant

\_\_\_\_\_  
Date

I give permission for photographs and/or videos to be taken of myself for display in the Roseville-Eastpointe Senior Center newsletter, website, and other public information releases which may also include the my name.

Circle One: YES NO

By this authorization, I give permission to any employee, agent or professional of the Roseville-Eastpointe Senior Center to have me examined and treated by a physician and admitted for hospital care, if in their judgment, such examination, treatment or hospital care becomes necessary while I am participating.

I understand this Waiver of Liability and acknowledge my full understanding of its meaning and content as evidenced by my signature below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>
CHECK # _____
INITIALS _____