Gilford Parks & Recreation Department 2024 Senior Moment-um Program

Participant's Name				
Are you over 50 years of age?	YES	NO	If no, ple	ease state age
Address				
City		S	tate	_ Zip
E-Mail				
Telephone #				
In case of emergency, contact:	Name			
	Telephone	e #		
Please list any medical/health p	roblems _			
Program: Schedule through the parties, card games, board games or concerts and various other activities and parties, card games, board games or concerts and various other activities may be be activities of physical activity with stroke and injuries including but broken bones, sprains, cuts, scratte Senior Moment-um program accept all risks inherent to said Recreation Department, their st program from any liability arisis course of the above mentioned	es, bingo, ctivities. Ing the assuming the country the Parks and activities are to even, rough a may subject to a may subject to a ctivities aff, carpooning out of a ctivities and a ctivit	umed rish rks and Fourse of t and Recr s can tak o extreme th, wet an nerent tra risks than ed to: pa oruising. ject me t and do h ol drivers	k to particip Recreation I he program eation Dep e place in a e hot and/or id/or icy. I avel risks. t may resul ralysis, mu I also undo o exposure ereby relea s and volun	pate in the Senior Moment-Department. I understand to be used for promotional artment's website. In variety of conditions that it cold, rain and wind; and I understand that some Various activities may to the cold, hypothermia, head scle pulls and strains, erstand that participating in the to the COVD-19 virus. It is the Gilford Parks and atteers assisting with this

Date

Participant's Signature