

GUEST FORM-2023

MADISON SENIOR CENTER



Date: _____

PERSONAL INFORMATION-PLEASE PRINT IN PEN

Guest Name : _____
Last First

Date Of Birth :
M M D D Y Y Y Y

Address : _____

City : _____ State : _____ Zip : _____

County : _____

Home Phone : _____ Cell Phone : _____

E-Mail : _____

Guest of : _____

Date(s) of Visit : _____

EMERGENCY CONTACT INFORMATION

Name : _____

Address : _____

Home Phone : _____ Cell Phone : _____

Relationship : _____

THANK YOU FOR YOUR INFORMATION

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MADISON SENIOR CENTER



This page is optional.

PAST OR PRESENT MEDICAL HISTORY: (CIRCLE ALL THAT APPLY TO YOU)

Alcohol/Drug problem	Emphysema/COPD	Liver Disease	Blood Clots
Anemia	Heart-Attack	Osteoporosis	Multiple Sclerosis (MS)
Alzheimer's (ALS)	Heart-Other	Prostate problem	Sleep Apnea
Arthritis	Fibromyalgia	Parkinson's Disease	Headaches/Migraines
Asthma	High Blood Pressure	Psychiatric Disorder (Please List)	Hepatitis
Atrial Fibrillation	High Cholesterol	Seizure Disorder	Vision Impairment
Dementia	Hypothyroidism (low)	Stroke	Vertigo
Diabetes	Hyperthyroidism (high)	STD/HIV/AIDS	Balance/Fall Risk
Cancer- Type: _____	Kidney Disease	Other: _____	
	Other: _____		

MEDICATIONS: LIST PRESCRIBED & OVER-THE COUNTER MEDICATIONS.

DRUG NAME:	DOSE & DIRECTIONS:	REASON:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

ALLERGIES: LIST ANY KNOWN ALLERGIES.

1. _____
2. _____
3. _____

Information on this page will only be shared with EMS in an event of an emergency at the MSC.
The more EMS knows about your medical history the better they can serve you.

THANK YOU FOR YOUR INFORMATION



Acknowledgement, Waiver of Liability, and Assumption of Risk Agreement Relating to COVID-19/Coronavirus

Please **READ** and **INITIAL** each statement below.

1. _____ I understand, I must be free from COVID-19 symptoms to participate in Madison Senior Center activities. If symptoms appear, I must immediately notify a staff member of the Madison Senior Center.

Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Dry cough
- Shortness of breath
- Chills
- Loss of taste or smell
- Sore throat
- Muscle aches

While we understand that many of these symptoms can also be related to non-COVID-19 related issues, we must proceed with an abundance of caution during this pandemic. These symptoms typically appear 2-7 days after being infected. You will need to be symptom free without any medications for 72 hours before returning to in person activities.

2. _____ I understand that I must maintain social distancing and wear a mask as required by the host location.
3. _____ I will wash my hands and practice social distancing according to the CDC's recommended guidelines while at the facility.
4. _____ I certify that I have read, understand, and agree to comply with the above statements. I acknowledge that failure to act in accordance with the provisions listed above will result in my not being able to participate in the Madison Senior Center sponsored activity.
5. _____ I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending a class presented by the Madison Senior Center. I understand that such exposure or infection may result in

personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at a class presented by the Madison Senior Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Madison Senior Center employees, volunteers, and their families.

- 6 _____ I voluntarily agree to assume all of the foregoing risks, and I hereby expressly waive and release any and all claims, lawsuits, demands, liability, damages, or costs incurred, now known or hereafter known in any jurisdiction, against the City of Madison, Madison Senior Center, and any of their officers, directors, board members, employees, management agents, agents, declarants, affiliates, members, successors and assigns (collectively, "Releasees"), on account of COVID-19 exposure, infection, illness, hospitalization and/or death, arising out of or attributable to my participation in Madison Senior Center Activities, to also include any damages or personal injury, whether arising out of the negligence of the Madison Senior Center, City of Madison, other participants, any Releasees or otherwise. I agree not to make or bring any such claim, lawsuit, or demand against the Madison Senior Center or any other Releasee on my own behalf, those under my supervision, guardianship, or charge, from my estate, or arising out of any contractual obligation, and further forever release and discharge the Madison Senior Center and all other Releasees from liability under such claims. I shall defend, indemnify and hold harmless the Madison Senior Center and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees and the costs of enforcing any right to indemnification under this Release, arising out or resulting from any claim of a third party or guest related to my participation in the Event. If any provision of this Release is adjudicated to be unenforceable, I agree that such a determination shall, in no way, affect the validity and enforceability of the remaining provisions of this Release, all of which shall remain enforceable to the fullest extent permitted by law

Class Participant Name (Printed)

Class Participant Signature

Date

Madison Senior Center Staff/Volunteer Witness

Date



**WAIVER OF LIABILITY AND ASSUMPTION OF RISK
MADISON SENIOR CENTER PHYSICAL FITNESS**

PLEASE READ CAREFULLY

I understand that my participation in City of Madison ("City") exercise programs, operations, and/or activities is voluntary, and that I am participating by my own free choice. I agree to participate in **Madison Senior Center Physical Fitness Activities** (the "Activities") in a responsible manner and to follow applicable rules and regulations pertaining to the Activities. In consideration of being allowed to participate, I hereby agree to assume the risks of property damage, injury, illness, or death in any way associated with my participation in the Activities. **I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.**

I agree to assume full responsibility for any risks, injuries, or damage, known or unknown which I might incur as a result of participating in the Activities. Such injuries may include, but are not limited to: heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death. I agree to release, defend, indemnify, and hold harmless the City, its officials, employees, representatives, volunteers, and agents for any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, in law or in equity, and arising from or in any way connected with my participation in the Activities. I agree that the terms stated herein shall also serve as a waiver of liability and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I acknowledge that I have carefully read this waiver of liability and assumption of risk and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Madison in connection with my participation in the Activities.

I accept the conditions printed above:

Participant Signature

Date

Print Participant Name



Madison Senior Center-1282 Hughes Road- Madison, AL 35858

Rules and Regulations for Appropriate Behavior

These rules and regulations are to be a guideline of what is expected of everyone while attending the Madison Senior Center. Inappropriate behavior and misconduct may result in action up to, and including termination of participant eligibility rights.

The following is appropriate conduct within the center, in city vehicles, and center-sponsored outings:

1. Treating all staff, participants, and guests in a courteous manner.
2. Refraining from behavior and conduct that is offensive or undesirable.
3. Maintaining cleanliness and personal hygiene.
4. Respecting the property of center and others.
5. Complying with all health, safety, and security regulations.
6. Reporting to management any threatening or potentially violent behavior by staff or other participants.

The following is prohibited conduct within the center, in city vehicles, and center-sponsored outings:

1. Being argumentative with staff, participants, or guests of the center.
2. Not complying with rules set forth by the center director.
3. Intentionally destroying personal or center property.
4. Using language in a manner that offends, shocks, or is intended to insult.
5. Communicating any false, vicious, or malicious statements concerning the center, another person, or the organization.
6. Engaging in or threatening acts of violence, including but not limited to:
 - a. Unauthorized possession of firearms or other weapons in or around the senior center property.
 - b. Threatening or intimidating staff, guests, or participants of the center.
 - c. Hitting ones fist into the palms of hands, or on tables – intimidating behavior.
 - d. Making remarks about others in the center.

The examples of prohibited conduct described above are not intended to be an all-inclusive list.

At the Madison Senior Center's discretion, any violation of the center's policies or any conduct considered inappropriate or unsatisfactory will subject the participant to disciplinary action. The disciplinary action will be determined by the center director and staff and will be based upon the severity of the offense. This action could result in the participant's loss of attendance, or even permanent banishment from the center. All offenses will be documented by the center director and maintained in the client's records for future reference.



Madison Senior Center-1282 Hughes Road- Madison, AL 35858

I, _____, the undersigned have received a copy of the Madison Senior Center Rules and Regulations for Appropriate Behavior guidelines. I have been given the opportunity to read and understand this information. If I have any questions regarding the rules and regulations after reading the guidelines, I may contact the senior center director or the county Nutrition Coordinator for clarifications.

Participant's Signature

Date

Center Director's Signature

Date