

Fountain Inn Activities Center Senior Adult Registration Form

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

In the event of an emergency, contact: _____

Address: _____ Phone: _____

Name of Physician: _____ Phone: _____

Senior Adult Waiver

In consideration of the Senior Adult Fitness Program offered by the Fountain Inn Recreation Department at the Fountain Inn Activities Center, Fountain Inn, South Carolina, I, the undersigned, do hereby release and discharge the said Fountain Inn Recreation Department and each and all their agents and employees from any liability whatever to the undersigned resulting from or in any manner arising out of an injury or damage which may be sustained while participating in the fitness program.

I have been advised by the Fountain Inn Recreation Department to check with my doctor before participating in any fitness program. I consider myself to be in proper physical condition to participate in the said fitness program.

Signature: _____ Date: _____