

## Carteret County Aging Services

3820 Galantis Drive ~ Morehead City, NC 28557~ 252 / 247-2626

### NEW CLIENT REGISTRATION FORM

#### \*\*IMPORTANT\*\*

Upon completion of this registration form, you will receive a **scan card** and have your **picture** taken. This card entitles you to make use of all activities, programs and services offered by the Leon Mann, Jr. Enrichment Center **except transportation and lunch**.

To qualify for these programs, you **must** meet with a staff member and complete an eligibility form. Please **DO NOT** sign up for lunch with your card until you have followed these procedures.  
Thank You.

<b>DATE:</b>	<b>DATE OF BIRTH:</b>  / / <i>Month Day Year</i>	<b>GENDER:</b>  <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>LEGAL NAME:</b>  <i>(FIRST)</i>	<i>(M.I.)</i>	<i>(LAST)</i>	<i>(SUFFIX)</i>
<b>NICKNAME:</b>	<b>PHONE:</b>		
	<i>(HOME)</i>	<i>(CELL)</i>	
<b>RESIDENT INFORMATION:</b>			
<input type="checkbox"/> RESIDE IN CARTERET COUNTY YEAR-ROUND			
<input type="checkbox"/> OWN VACATION PROPERTY IN CARTERET COUNTY			
<input type="checkbox"/> RESIDE IN _____ COUNTY OR _____ STATE			
<b>ADDRESS:</b>			
<i>(STREET)</i>	<i>(CITY)</i>	<i>(ZIP CODE)</i>	
PO BOX (In the same city as your street address only)	<b>EMAIL ADDRESS:</b>		
<b>EMERGENCY CONTACT PERSON (REQUIRED)</b>			
<b>NAME:</b>	<b>RELATION:</b>	<b>DAYTIME PHONE:</b>	
<b>NAME:</b>	<b>RELATION:</b>	<b>DAYTIME PHONE:</b>	
<b>ETHNIC STATUS: (Please check one)</b> <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other		<b>LIVE ALONE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>HEAD OF HOUSEHOLD:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DISABILITIES: (Please check all that apply)</b> <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Require a caregiver <input type="checkbox"/> Oxygen <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Other – be specific:			<b>VETERAN:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  Branch: _____

# CARTERET COUNTY DEPARTMENT OF AGING SERVICES

## WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: THE CARTERET COUNTY DEPARTMENT OF AGING SERVICES AND ITS AGENTS AND EMPLOYEES ARE NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PARTICIPATING OR IN ANY OTHER WAY INVOLVED IN THE LEON MANN, JR. ENRICHMENT CENTER FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE CARTERET COUNTY DEPARTMENT OF AGING SERVICES OR ITS AGENTS OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not to sue the Carteret County Department of Aging Services (hereafter referred to as "the Department"), Carteret County Board of Commissioners and any of their employees, instructors or agents and/or assignees for any and all present and future claims resulting from ordinary negligence on the part of the Department and its agents and employees or others listed for property damage, personal injury or wrongful death, arising as a result of my engaging in or receiving instruction while participating in the Leon Mann, Jr. Enrichment Center activities incidental thereto, whatever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs or assignees.

Further, I understand that participating in adult activities, programs, and events involves certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injuries to virtually all bones, joint, muscles and internal organs, and that procedures taken for my protection may be inadequate to prevent serious injury. In addition, I understand that participation in the games/sports activities/fitness programs/exercise involves activities incidental thereto, including but not limited to: travel to and from the site of the activity; traveling through areas that may be remote from available medical assistance; and possible reckless conduct of other participants. I am voluntarily participating in this activity with knowledge of the possible danger involved, and hereby agree to accept any and all inherent risks of property damage, personal injury and death.

I further agree to indemnify and hold harmless the Department, Carteret County Board of Commissioners and any of their agents and employees, and others listed for any and all claims arising as a result of my engaging in or participating in the games/sports activities/fitness programs/exercise activities incidental thereto, wherever, whenever, or however the same may occur.

I further agree to permit the Department and its authorized agents to use, re-use, publish, and republish, in any medium, in whole or part, photographs of me individually or group photographs in which I am included.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of North Carolina, and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect.

I affirm that I am of legal age, legally competent and am freely signing this agreement and waiver; I have read this agreement and waiver and fully understand that by signing it, I am giving up legal rights and/or remedies which may be available to me for ordinary negligence of the Department, its agents and employees, or any of the parties listed above.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date