

**BIGELOW CENTER FOR SENIOR ACTIVITIES  
MEMBERSHIP REGISTRATON FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Please print

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female   
mm dd year

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you live alone? Yes  No  Are you a Veteran? Yes  No

Marital Status: Married  Spouse's Name: \_\_\_\_\_ Single  Widowed  Divorced

**Emergency Contacts**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information (optional, but very helpful in the event of an emergency)**

List any allergies: \_\_\_\_\_

List any medical conditions that you would like us to know about: \_\_\_\_\_

What current programs and services are you most interested in? \_\_\_\_\_

What programs or services would you like to see us offer in the future? \_\_\_\_\_

Member ID number (for office use only)

I understand and agree that the information contained on this form is confidential and that it will not be released for any purpose in an identifiable form without my prior written consent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The Bigelow Center for Senior Activities does not discriminate based on age, race, gender, national origin, color, creed, religion, political affiliation, or physical or mental disabilities in its employment practices or the provision of services.

**Please complete the Hold Harmless Agreement on the other side of this form.**

# Bigelow Center for Senior Activities Indemnification and Hold Harmless Agreement

## Plain English

By signing this document you agree to assume all risk and responsibility when you participate in any exercise program sponsored by the Bigelow Center or use any equipment made available by the Center for whatever purpose. You are waiving your right to make a claim or take legal action against the Town of Fairfield in the event that you should sustain an injury or loss while participating in group exercise programs or using the equipment made available at the Center.

Please print your name in the space below

I, \_\_\_\_\_, the undersigned, hereby state that I am voluntarily participating in the group exercise program(s) listed below and sponsored by the Bigelow Center and/or I am using the equipment listed below made available by the Bigelow Center, and that I personally assume whatever risk or injury, damage or loss from all known, anticipated, unknown and unanticipated liabilities which may exist in this activity.

List exercise programs here: \_\_\_\_\_  
\_\_\_\_\_

List equipment used here: \_\_\_\_\_  
\_\_\_\_\_

I further agree to save and hold the said Town of Fairfield, harmless and to indemnify it, its employees, officers, agents, servants or members against any claims suits, damages, injuries, expenses, or loss of any kind as a result of my participation in said activities listed above or use of the equipment listed above for which I or the town or its said servants may hereafter be liable or sustain, in consequence of any liabilities that may arise due to my said activities.

\_\_\_\_\_  
Please sign above

Dated in Fairfield, Connecticut this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

Witnessed by:  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** Examples of exercise programs include but are not limited to Tai Chi, Zumba Gold, Senior Exercise, Flex and Stretch, Coed Exercise, Ballroom Aerobics, and Arthritis Exercise. For the purposes of this document, games requiring physical activity such as table tennis and Bocce are considered exercise programs. Examples of equipment include but are not limited to moveable and stationary bicycles, treadmills and other exercise equipment and woodworking tools.

