

Senior Center Registration Form

WCCO# _____

(PLEASE PRINT)

PROOF OF ID: (Copy in file)

- YES
 NO

DATE _____

LAST NAME _____ FIRST _____ M.I. _____

NICK NAME: _____ E-MAIL _____

ADDRESS _____ APT# _____

CITY, STATE, ZIP _____

TELEPHONE _____ CELL PHONE _____

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____

EMERGENCY CONTACT PHONE _____

ARE YOU A VETERAN?
(Circle ONE)

YES NO

Marital Status:
(Circle ONE)

- Married
 Single
 Divorced
 Widowed
 Separated
 Domestic Partner
 Other

DATE OF BIRTH: ____ / ____ / ____

AGE: _____

DO YOU DRIVE? (Circle ONE)

YES NO

Household Status: (Circle ONE)

- Lives ALONE
 Lives with Others:
(Circle ALL that apply)
Spouse, Relative, Friend,
Other

ETHNICITY: (Circle ONE)

- NOT Hispanic or Latino
 Hispanic or Latino

GENDER: (Circle ALL that apply)

- Male
 Female
 Other

How many individuals, including yourself, live in your household? _____

Annual Household Income: (Circle ONE)

- Less than \$10,000
 \$10,000-\$14,999
 \$15,000 - \$19,999
 \$20,000 - \$24,999
 \$25,000 - \$29,999
 \$30,000 or more

Health Status:
(Circle ONE)

- Excellent
 Very Good
 Good
 Fair
 Poor

Race: (Circle ALL that apply)

- White
 Black or African American
 American Indian/Alaska Native
 Asian or Asian American
 Native Hawaiian/Pacific Islander

Monthly Household Income: \$ _____

OFFICE USE ONLY

(Place Bar Code Here)

AIM: _____ RECEIVED BADGE & LANYARD _____

COP: _____ EMAIL: _____

WASHINGTON COUNTY COMMISSION ON AGING, INC.
SENIOR ACTIVITIES CENTER REGISTRATION FORM
ACTIVITIES CONSENT AGREEMENT

Activities Consent Agreement

I, _____, intend to use the Washington County Commission on Aging, Inc. Senior Activities Center and participate in activities and programs held therein.

I hereby certify that I have or will consult with a medical doctor of my choosing and at my own cost regarding my ability to safely participate in programs and activities at the Senior Activities Center. **I represent and warrant that there are no health-related reasons or problems that preclude or restrict my ability to safely use and/or participate in activities at the Senior Activities Center. I further certify that I can provide for independent self-care and independent use of and/or participation in the Senior Activities Center.** I understand that I am solely responsible for monitoring my own conditions throughout my use and/or participation in the Senior Activities Center.

1. In consideration of the opportunity to use and/or participate in the Senior Activities Center, I agree, on behalf of myself, my heirs, my estate, and personal representative(s), to assume all risk for any such personal injury, illness, loss of life, property damage or any other loss that results from my use and/or participation in activities at the Senior Activities Center. I agree, on behalf of myself, my heirs, my estate and personal representative(s), to release, waive and forever discharge the Washington County Commission on Aging, Inc., Washington County, Maryland and the Board of County Commissioners of Washington County, Maryland and their the commissioners, directors, officers, employees, agents, assigns and officials from and for any liability resulting from my own or others' personal injury, loss of life, property damage or other loss however caused, arising from, or in any way related to my use and/or participation in the Senior Activities Center. I further agree on behalf of myself, my heirs, my estate and personal representative(s), to indemnify, defend and hold harmless the Washington County Commission on Aging, Inc., Washington County, Maryland and the Board of County Commissioners of Washington County, Maryland and their commissioners, directors, officers, employees, agents, assigns and officials from any and all claims or causes of action of any kind arising from my use of the Senior Activities Center or participation in activities incident to the Senior Activities Center.

2. I hereby consent to the rendering of emergency medical care or first aid by Washington County Commission on Aging, Inc., and its staff as, in their judgement, may be necessary to provide for my health in an emergency or first aid situation. I consent to appropriate measures, including contacting the Emergency Medical Service (EMS) system and arraigning for transportation to the nearest emergency medical facility. I give my consent and permission to Washington County Commission on Aging, Inc. to provide to emergency medical personnel all relevant information about me and my condition in order that aid and treatment may be rendered immediately. I acknowledge that no guarantees have been made to me as to the effect of such aid or treatment and that I am responsible for all reasonable charges resulting from the aid and treatment rendered.
3. I give Washington County Commission on Aging, Inc. permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken by or made on behalf of Washington County Commission on Aging, Inc. I agree that Washington County Commission on Aging, Inc. has and will have complete ownership of such pictures, etc., including the entire copyright, and may use or publish them for any purpose consistent with programs, activities, or mission of Washington County Commission on Aging, Inc. The uses include, but are not limited to, illustrations, bulletins, exhibitions, videos, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, payment, or any other remuneration for the use of such pictures, etc., and hereby release Washington County Commission on Aging, Inc. its directors, employees and agents from any claims which arise out of or are in any way connected with such use.
4. I agree that I will not use or attempt to use exercise equipment in or around the Senior Activities Center until I have been trained to use such equipment by a staff member or qualified volunteer of the Senior Activities Center and the Exercise Equipment Instructional Record has been fully completed on my behalf. I understand that use of such equipment could be dangerous, and I accept and assume all risks of injury associated with such use. I understand and agree that Senior Activities Center staff may terminate my use of such equipment at any time and for any reason.
5. I agree to be financially responsible for the damage to any equipment that is caused by my own misuse or negligence. I further agree that I am responsible for the cost of replacing any lost lanyard and/or identification badge issued to me by the Washington County Commission on Aging, Inc.

- 6. This Agreement shall be construed in accordance with the laws of the State of Maryland. The forum of any dispute arising under this Agreement shall be in the courts of Washington County, Maryland. In the event a court of competent jurisdiction holds any term of this Agreement to be illegal, unenforceable or in conflict with any law governing this Agreement, such term shall be severable, and the validity of the remaining portions shall not be affected. I further agree that this assumption of risk, release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the State of Maryland for and to the benefit of Washington County Commission on Aging, Inc., Washington County, Maryland and the Board of County Commissioners of Washington County, Maryland and their respective commissioners, directors, officers, employees, agents, assigns and officials.

- 7. This Agreement represents my complete understanding with the Washington County Commission on Aging, Inc., Washington County, Maryland and the Board of County Commissioners of Washington County, Maryland concerning the responsibility and liability of the Washington County Commission on Aging, Inc., Washington County, Maryland, and the Board of County Commissioners of Washington County, Maryland for my use and/or participation in the Senior Activities Center. This Agreement supersedes any previous or contemporaneous understandings I may have had with the Washington County Commission on Aging, Inc., Washington County, Maryland, and the Board of County Commissioners of Washington County, Maryland on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

I have read and fully understand the terms of this Agreement. I understand that this Agreement contains a release and waiver of liability. If I have questions about the terms and effect of this Agreement, I understand that I may consult with an attorney before signing this Agreement.

Participant's Signature

Date

Participant's Name (Printed)

Witness

WASHINGTON COUNTY COMMISSION ON AGING, INC.
WAIVER/RELEASE OF LIABILITY, ASSUMPTION OF THE RISK, AND INDEMNIFICATION
AGREEMENT FOR COMMUNICABLE DISEASES INCLUDING COVID-19

In consideration of being allowed to participate in Washington County Commission on Aging, Inc. (WCCOA) programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation in events and activities includes the risk of possible exposure to illness from infectious diseases including but not limited to Methicillin-resistant Staphylococcus aureus (MRSA), Influenza (flu), and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist and cannot be fully mitigated;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS related to illness from exposure to infectious diseases, both known and unknown, EVEN IF ARISING FROM THE ACTIVE OR PASSIVE NEGLIGENCE OF THE WCCOA or others, except for reckless, wanton, or gross negligence, and assume full responsibility for my participation;
3. I willingly agree to comply with the stated and customary terms and conditions for participation in regard to protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest WCCOA staff immediately;
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the WCCOA and their employees, directors, agents, other participants, and if applicable, owners and lessors of premises used to conduct programs and related events and activities ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, except for reckless, wanton, or gross negligence, to the fullest extent permitted by law.

I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant (print) _____

Participant Signature _____ Date _____

WASHINGTON COUNTY COMMISSION ON AGING, INC.

GUIDELINES FOR PARTICIPATION AT THE SENIOR ACTIVITIES CENTER

In order for all participants and guests to enjoy the Senior Activities Center in safety and comfort, all Senior Activities Center participants are required to abide by the following:

1. Participants must be at least 55 years of age.
2. Participants **MUST** complete a Senior Activities Center Registration form provided by the Washington County Commission on Aging, Inc. before participating in any classes/programs at the Senior Activities Center. Current members **MUST** complete a revised registration form, at least annually, **BEFORE** using the Senior Activities Center facility and/or participating in any classes/programs at the Senior Activities Center.
3. Participants **MUST** sign in using the touch screen computer for all activities and programs when entering the Senior Activities Center. Participants must also sign in and out, as requested, for identified Senior Activities Center programs.
4. Participants may not sign any other person into the Senior Activities Center or knowingly allow other individuals access to the Senior Activities Center who have not signed in.
5. Senior Activities Center staff are not trained or authorized to provide specialized medical care or assistance. **Participants must always exhibit independence and ability for self-care**, including but not limited to:
 - Cognitive and physical abilities allowing for independence within the Senior Activities Center without assistance;
 - Cognitive and physical abilities for safe participation in activities provided by the Senior Activities Center without assistance;
 - Using restrooms without assistance (Participants must be continent of bowel and bladder);
 - Eating without assistance;
 - Providing for one's own personal hygiene and medication management without assistance;
 - Hygiene must not be offensive or constitute a health/safety hazard to others (Participant's and their clothing must be clean and without offensive odor or other prevailing conditions resulting from the lack of good personal hygiene);
 - Moving independently and safely within the Senior Activities Center and grounds (Participants using assistive devices must provide and maintain their own devices);
 - Understanding personal responsibility and being able to maintain behavior according to Senior Activities Center guidelines;
 - Must be able to comprehend and follow directions given with ease; and
 - Functioning in the Senior Activities Center without one-on-one assistance or supervision from Senior Activities Center staff.

6. The Senior Activities Center does not provide medical, nursing or assistance staff for purposes of direct assistance to Participants. As a result, the Senior Activities Center reserves the right to terminate or suspend the membership or activities of any Participant who does not meet the requirements for independence and self-care as outlined above, as determined by the Washington County Commission on Aging, Inc. after consideration of the Participant's ability to meet the requirements outlined above. Any individual with cognitive impairment (dementia, Alzheimer's, etc.) who is not capable of meeting the requirements outlined above without assistance is subject to termination or suspension of membership or activities.
7. Participants MUST provide the Senior Activities Center an emergency contact on their registration form and keep it up to date. The Washington Commission on Aging, Inc. reserves the right to contact the emergency contact at their sole discretion.
8. Participants exhibiting inappropriate behavior, including but not limited to potentially dangerous behavior or behavior which impedes socialization, behavior which creates disharmony or use of foul language, will have their privilege to use the Senior Activities Center revoked.
9. Participants are not permitted to use language or engage in behavior that is obscene, abusive, disruptive, intimidating or insulting.
10. Participants must not engage in activities that are disruptive to the use of the Senior Activities Center by others or engage in activities that may present a danger to themselves or others.
11. Participants must not harass and/or bully other participants, guests, or staff of the Senior Activities Center.
12. Participants must not gamble, panhandle, smoke, use tobacco products of any kind (including e-cigarettes, hookah pens, e-hookahs and vape pipes) while in the Senior Activities Center or while on the Senior Activities Center campus.
13. Participants may not enter and/or use the Senior Activities Center while under the influence of alcohol or drugs, including prescription drugs, or be in possession of alcoholic beverages, unauthorized substances, or illegal substances.
14. Participants must not engage in any illegal activity while at the Senior Activities Center or while on the Senior Activities Center campus.
15. Participants shall not carry a weapon in the Senior Activities Center or while on the Senior Activities Center campus.
16. Participants shall not destroy or steal property or money while in the Senior Activities Center or while on the Senior Activities Center campus.
17. Participants must use cups with a lid and/or covered beverage containers.
18. Pornographic images or videos are not permitted in the Senior Activities Center or on its campus. Participants are not permitted to display pornographic images or videos on personal or Senior Center Activities Center electronic devices. Illegal use of Senior Activities Center equipment and/or devices will be reported to law enforcement.
19. Participants must abide by the Washington Commission on Aging, Inc.'s non-solicitation and confidentiality policies. Copies are available upon request from the Washington Commission on Aging, Inc.'s secretarial staff.
20. Participants are responsible for arranging their own transportation to and from the Senior

Activities Center. Participants using county-sponsored transportation must be able to ride independently and without assistance.

21. Participants may be required to pay nominal fees for participation in various programs and/or classes.
22. Participants are requested to make donations in designated donation boxes.
23. No outside food is permitted unless it is store bought and remains in the original unopened packaging, not expired and enough for all Participants to share. Participants are welcome to bring their own bagged lunch.
24. No pets are allowed in the Senior Activities Center or on the campus unless they are certified service animals, and the Participant carries the appropriate documentation showing such.
25. Participants must wear suitable clothing and shoes (i.e. closed toe, non-skid sole sneakers required for fitness classes and gym use) for Senior Activities Center programs.
26. Participants must receive training on the proper use of exercise equipment from Senior Activities Center staff or appointed volunteers before using any exercise equipment.
27. Participants are expected to clean up after themselves should they have an accident (i.e. spill or restroom accident)

FAILURE TO ABIDE BY THESE RULES MAY RESULT IN IMMEDIATE REMOVAL AND/OR LIMITATION OR SUSPENSION OF SENIOR ACTIVITIES CENTER PRIVILEGES.

THE WASHINGTON COMMISSION ON AGING, INC.'S EXECUTIVE DIRECTOR, ON THE RECOMMENDATION OF SENIOR ACTIVITIES CENTER STAFF OR ON HER OWN INITIATIVE, MAY AMEND THESE RULES. SENIOR ACTIVITIES CENTER PARTICIPANTS SHALL BE NOTIFIED AT LEAST TWO WEEKS BEFORE ANY AMENDED RULES ARE ENACTED.

THE WASHINGTON COUNTY COMMISSION ON AGING, INC., WASHINGTON COUNTY, MARYLAND AND/OR THE BOARD OF COMMISSIONERS OF WASHINGTON COUNTY, MARYLAND ARE NOT RESPONSIBLE FOR ANY LOST OR STOLEN ITEMS.

Out of County Participants: The Senior Activities Center was created and is maintained for the older adults of Washington County, Maryland; however, no individual of 55 years or older who meets the Senior Activities Center guidelines will be refused membership regardless of place of residency, provided space and resources are available.

Name of Participant (print) _____

Participant Signature _____ Date _____

WASHINGTON COUNTY COMMISSION ON AGING, INC.

PARTICIPATION IN THE PHONE NOTIFICATION SYSTEM AT THE SENIOR ACTIVITIES CENTER

The Senior Activities Center utilizes an automated telephone notification system in order to streamline communication of events, activities, and other matters to interested members. The automated telephone system will complement, but not replace, other forms of communication such as emails to members and notifications placed on the Senior Activities Center television. ***Notices such as closures due to inclement weather or other unforeseen circumstances may not be broadcast through the automated telephone system due to their unforeseen nature.*** Participating member information will only be used by the Senior Activities Center for the purposes described above.

I understand the purpose and use of the automated telephone notification system as described above. I understand that my participation in the automated telephone notification system is voluntary and that I may withdraw my participation at any time and for any reason. I further understand that if I choose to withdraw my participation or if I have a change in telephone number I must notify the Senior Activities Center.

At this time, I am interested in and elect to receive calls and notifications through the automated telephone notification system. I would like to receive calls at the following number:

Name of Participant (print) _____

Participant Signature _____ Date _____

WASHINGTON COUNTY COMMISSION ON AGING, INC.

Internet Use Policy for Clients & Guests

This Internet Use Policy applies to all clients and guests of the Washington County Commission on Aging, Inc. (the "WCCOA"). The WCCOA provides access to computers and the Internet to clients and guests for their use while at the WCCOA's location. Use of the Internet by clients and guests is permitted and encouraged where such use supports their overall well-being.

However, access to the Internet through the WCCOA is a privilege, and all users must adhere to this Internet Use Policy concerning computer, email, and Internet use. For clients and guests, violation of this Policy could result in loss of permission to use WCCOA property or the WCCOA's internet access and any other legal action permitted by law.

If any client or guest is unsure about what constitutes acceptable Internet usage, they should ask the front desk or the Chief Executive Officer of the WCCOA for guidance.

Computer, email, and internet usage:

- Clients and guests are expected to use the Internet responsibly and productively.
- All Internet data that is composed, transmitted and/or received by the WCCOA's computer systems will be considered as the property of and belong to the WCCOA and may be recognized as part of its official data. It is therefore subject to disclosure for legal reasons or to other appropriate third parties.
- There is no privacy protection provided by the WCCOA with respect to personal information or any data that is transmitted or received by the Commission's computer systems or Internet connection. Users should use caution when sending or receiving personal or confidential information.
- The equipment, services and technology used to access the Internet are the property of the WCCOA and the WCCOA reserves the right to monitor all Internet traffic and access data that is composed, sent, or received through its online connections.
- All sites and downloads may be monitored and blocked by the WCCOA if they are deemed to be harmful to the operations of the WCCOA.

Unacceptable use of the Internet by employees, clients and guests includes, but is not limited to:

- Sending or posting discriminatory, harassing, or threatening messages or images on the Internet, including through social media, SMS, chat, email, or any other messaging service.
- Using computers, email, or the Internet to perpetrate any form of fraud, and/or software, film, or music piracy (including downloading movies, shows, music, or other copyrighted material).
- Stealing, using, or disclosing someone else's password without authorization.

- Downloading, copying, or pirating software, electronic files, video, or other copyrighted material without authorization.
- Hacking into any website.
- Emails sent via the WCCOA's email system should not contain content that is deemed offensive. This includes, though is not restricted to, the use of vulgar or harassing language/images.
- Sending or posting information that is defamatory to the WCCOA.
- Introducing malicious software onto the WCCOA's computers, network and/or jeopardizing the security of the WCCOA's electronic communications systems.
- Sending or posting chain letters, solicitations, or advertisements not related to business purposes or activities.

ACKNOWLEDGEMENT OF RECEIPT OF INTERNET USE POLICY

I hereby acknowledge receipt of the WCCOA's Internet Use Policy. I have read and understand the terms and agree to abide by them. I understand the privilege to use the WCCOA's access to the Internet may be revoked at any time.

Name of Participant (print) _____

Participant Signature _____ Date _____