



2025 - 2026 Registration and Liability Form

East Windsor Senior Services
Telephone: (860) 292-8262

NAME: _____

ADDRESS: _____

E-MAIL: _____

HOME PHONE: _____ CELL: _____

DATE OF BIRTH: _____

EMERGENCY CONTACT -REQUIRE AT LEAST ONE

1. NAME: _____

HOME/WORK/PHONE: _____ CELL: _____

RELATIONSHIP TO PARTICIPANT: _____

2. NAME: _____

HOME/WORK PHONE: _____ CELL: _____

RELATIONSHIP TO PARTICIPANT: _____

HOSPITAL INFORMATION

HOSPITAL PREFERENCE: _____

SPECIAL CONCERNS/ALLERGIES: _____

Office Use Only:

Photo taken: _____ Schedules Plus: _____



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WAIVER OF LIABILITY

I, _____, hereby release the Town of East Windsor and its' respective employees and/or agents for any and all liability or responsibility of any injury to me which arises either directly or indirectly as a result of my participation in any program, event, or activity offered, conducted, sponsored, or recommended by the Town of East Windsor or its' employees and/or agents. I agree to hold harmless the East Windsor Senior Center and/or Town of East Windsor and/or its officers, sponsors, agents, employees or anyone else associated with the program from any loss, expenses, injuries, property damage, and liability whatsoever that may arise from participation in any program, event, or activity. In case of an emergency, if I cannot consent to treatment, I agree to emergency treatment and transportation to be provided by East Windsor Ambulance or its designated affiliate. I also hereby authorize any attending emergency room physician to treat me. I understand that my own medical insurance will be used in the event of an accident, injury, or illness.

Signature: _____

Date: _____

MEDIA RELEASE

The Town of East Windsor has my permission to use any photographs or videos taken of me taken during a program, event, or activity. These pictures may be used in both print and electronic form.

Signature: _____

Date: _____

PAYMENT, REFUND AND PARTICIPATION POLICIES

We accept cash, checks payable to Town of East Windsor or credit cards. Returned checks will be charged a \$20.00 fee. No refunds will be given after a program/event/activity has been paid for to the vendor unless extenuating circumstances prevents you from participating in the program. I also understand that use of and participation in programs/events/activities requires me to be able to do so physically and mentally independently. If I am unable to I will need to be accompanied by a responsible companion provide by myself. Inability to be able to do so may result in my not being able to participate.

Signature: _____

Date: _____

Please complete the following questions:

Would you like your birthday announced at the monthly social?

Please circle YES or NO

Would you be interested in volunteering at the senior center?

Please circle YES or NO

Office Use Only:

Photo taken: _____ Schedules Plus: _____