

**CITY OF CHINO SENIOR CENTER  
EMERGENCY CARD/WAIVER FORM**

PLEASE PRINT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender F / M

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

EMERGENCY CONTACTS

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions (*Allergies, etc...*)  
\_\_\_\_\_

I understand that: 1) participation in City of Chino programs is entirely voluntary; 2) participation exposes me to the potential for injury, death, property damage and loss; 3) my signature below is my acceptance of any and all associated risks.

I attest to the fact that I am legally competent to understand and accept the associated risks; and, I agree not to pursue legal action against the City of Chino for any matters arising as a result of my participation in City of Chino programs. This assumption of risk is binding on my heirs.

I understand this is a full release of any and all liability against the City of Chino. I sign it of my own free will.

\_\_\_\_\_  
Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

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