REGISTRATION FORM—THURSDAY, SEPTEMBER 13

2018 SENIOR CITIZEN ACTIVITY DAY

UNION LUTHERAN CHURCH, 5500 ROUTE 873, SCHNECKSVILLE

Mail Completed Registration Form to:
North Whitehall Township, Attn: Jane
3256 Levans Road, Coplay, PA 18037

DOORS OPEN / Registration Starts at 8:15am
Coffee, Tea, Juice and Doughnuts Served
Events, GAMES and TOUR start at 9:00am

SENIOR #1:		**SENIOR #2:**
SENIOR #1 AGE:	**SENIOR #2 AGE:**	**TOWNSHIP:**
ADDRESS:		**ZIP CODE:**
TELEPHONE:	**NO RAINDATE**	**Donations Accepted**

EMERGENCY CONTACT INFORMATION	
FIRST NAME and LAST NAME	TELEPHONE

↓ ↓ ↓ **SIGNATURE** ↓ ↓ ↓

SIGNATURE(s) REQUIRED -- SENIOR #1 / SENIOR #2 **(Date)**
EVERYONE ATTENDING MUST SIGN THIS FORM.

TOUR: BUS WILL BE OUTSIDE at 9:00am for tour of FINISH LINE and RELIC HUNTER. Please tell us if you are going on the TOUR and how many are going!

☐ HOW MANY FOR TOUR?

☐ NOT GOING ON TOUR!

Limited Sign-ups for TOUR!

LEHIGH VALLEY HEALTH NETWORK GIVING FREE FLU SHOTS

WAIVER STATEMENT

To the best of my knowledge, I am in satisfactory physical condition and fully able to participate in any **Senior Day** activity in which I choose to attend. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to person or property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in any **Senior Day** activity.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE North Whitehall Township, its officers, agents, employees, volunteers and assigns**,** from and against any and all losses, liability, claims, demands, damages, actions and causes of actions, and expenses including reasonable attorneys' fees, judgments, and amounts, whatsoever arising from or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the **Senior Day** is being conducted.

I expressly intend that this Waiver of Liability and Hold Harmless Agreement shall be binding upon me, my spouse (if any), my heirs, assigns and personal representatives, and shall be deemed a RELEASE, WAIVER, DISCHARGE, and CONVENTION NOT TO SUE **North Whitehall**, its officers, agents, employees, volunteers and assigns. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the Commonwealth of Pennsylvania.

In signing this Waiver of Liability and Hold Harmless Agreement, I acknowledge and represent that I HAVE READ this Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made, and I acknowledge adequate and complete consideration for same through my ability to participate in said **Senior Day**.