



HINGHAM SENIOR CENTER  
MySeniorCenter Scan Card Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Gender \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

PO Box \_\_\_\_\_ Town \_\_\_\_\_

Zip Code \_\_\_\_\_

Disabilities or Medical Conditions \_\_\_\_\_

Allergies or other important information \_\_\_\_\_

Please mark any that apply: I Live alone \_\_\_\_\_ I require help in environmental emergency\* \_\_\_\_\_

\*By informing us you need help in an environmental emergency, you are permitting us to share your information with emergency responders, Hingham Fire Department and Hingham Police Department.

Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Indicate any of the following areas you would like to learn more about and a staff person will follow up with you:

Volunteer Opportunities \_\_\_\_\_ Resources, Information and Referral \_\_\_\_\_

Congregate Lunch Program \_\_\_\_\_ Facilitate a program \_\_\_\_\_

Transportation \_\_\_\_\_

The Hingham Senior Center is always looking for talented seniors to lead new programs.

Do you have a particular skill or talent you would like to share?

\_\_\_\_\_

**Please turn this page over to complete the consent form and release from liability and indemnity.**

**Consent Form and Release from Liability and Indemnity Agreement**

I/We the undersigned, being a participant (the "Registrant") in a Town of Hingham Elder Services Department Program ("Program") sponsored by the Town of Hingham hereby agree as follows.

I/We recognize the risk of personal injury, fatality or property damage which could result from participation in Programs hereunder. I/We also acknowledge that I/WE may not participate in Programs hereunder unless I/We waive all claims which I/We may have arising from participation in Programs hereunder. I/We agree to forever RELEASE the Town of Hingham, a municipal corporation of the Commonwealth of Massachusetts, and all its employees, officers, officials, agents, board members, volunteers and any and all individuals and organizations assisting or participating in Programs hereunder ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injury or fatality or property damage resulting from participation in Programs hereunder which I/We may now or hereafter have as the Registrant.

I/We also promise to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injury or fatality or property damage resulting from participation in Programs hereunder.

I/We further affirm that I/We have read this Agreement and that I/We understand the contents of this Agreement. I/We understand that participation in Programs hereunder is voluntary and that I/We are free to choose not to participate in said Programs. By signing this Agreement, I/We affirm that I/We have decided to voluntarily participate in such Programs hereunder with full knowledge that the Releasees will not be liable to anyone for personal injury, fatality or property damage that I/we may suffer as a result of any activities associated with participation in Programs hereunder.

THE UNDERSIGNED REGISTRANT HAS READ AND VOLUNTARILY SIGNS THIS AGREEMENT AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address