



## LIABILITY & MEDICAL WAIVER FOR DAY TRIPS

Sebastopol Area Senior Center • 167 N High Street • 707-829-2440 • [sebastopolseniorcenter.org](http://sebastopolseniorcenter.org)  
Updated 12/2022

### Your Information

Today's Date:
First/Last Name:
Email:
Physical Address:
City, ST & Zip:
Date of Birth:
Mailing Address (if different from above):

### Your Emergency Information (required):

Emergency Contact (First/Last Name):
Emergency Contact Phone:
Relation to you:
Any Special Needs: (please note our trip escorts are not able to provide one-on-one service):
List medications you are currently taking (important if we need to call an ambulance):

### WAIVER ACKNOWLEDGMENT AND RELEASE

- Liability Release:** In consideration of participation to all activities, I agree to indemnify and hold the Sebastopol Area Senior Center (SASC) harmless and release SASC and the City of Sebastopol, its officers, employees, and agents from any and all liability for any injury arising out of the activity/activities. I understand and accept that SASC does not provide medical insurance.
- Assumption of Risk** I acknowledge and understand the following: Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
- I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID 19, even if arising from the negligence or fault of the Released Parties; and I hereby knowingly assume the



## LIABILITY & MEDICAL WAIVER FOR DAY TRIPS

Sebastopol Area Senior Center • 167 N High Street • 707-829-2440 • [sebastopolseniorcenter.org](http://sebastopolseniorcenter.org)  
Updated 12/2022

risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

I acknowledge the health risks associated with any or all Activity/Activities, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, COVID or sudden death. I agree that if I experience any of these or any other symptoms during the Activity, I will discontinue my participation immediately and seek appropriate medical attention.

4. **Media Release (optional):** The Sebastopol Area Senior Center (SASC) and the City of Sebastopol have my permission to make and use film, video, audio recordings, slides, and photographs of me. I understand that this permission includes re-use and re-publishing. I give my permission for this use to include marketing, promotional, and informational purposes. I release SASC and the City of Sebastopol, its officers, employees, and agents from any and all liability for any injury arising out of this use, including any and all claims for libel and invasion of privacy. I have read this media release and fully understand that I assume all risk for any injuries received by me.

\_\_\_\_\_ **Yes, I agree to the media release**

\_\_\_\_\_ **No, I do not agree to the media release**

Signature \_\_\_\_\_

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