

**COPPELL SENIOR/COMMUNITY CENTER AT
GRAPEVINE SPRINGS ACTIVITY RELEASE FORM**



Date of Birth _____/_____/_____

Last Name _____ M [] F []

First Name _____

Address _____ City _____ Zip _____

Home Phone (_____) _____

Cell Phone (_____) _____ *Ok to Text Updates ___yes ___ no Mobile Carrier _____

*ActiveNet will allow us to send text messages regarding facility closures, program updates, etc.

Email _____

Emergency Contact:

Name _____ Phone (_____) _____

Relationship to Emergency Contact _____

Medical Alert _____

How did you hear about the Senior/Community Center? (please choose one)

- 1.Referred By: _____ 2. Internet 3. Flyer/ Brochure
 4.Magazine 5. Newspaper 6. Other

_____(Initial) Cardholders and visitors must abide by rules and regulations of the City of Coppel Senior/Community Center or privileges may be revoked.

_____(Initial) Facility usage cards or payment receipts are required for entry.

I understand that there are risks involved in the programs/memberships which are sponsored by the City of Coppel Parks and Recreation department. I accept full responsibility for any injury or accident to myself, spouse or any of my dependents. I hereby release, indemnify and hold harmless the City of Coppel, the Parks and Recreation department, their agents, officers, employees, contractors, instructors and any person acting on behalf of the city for any damages, causes of action of any kind whatsoever, statutory or otherwise, for personal injury, including death, property damage and lawsuits and judgments, including court costs, expenses and attorney fees, and all other expenses that might arise hereafter, directly or indirectly in connection with my participation or the participation of my spouse or dependents in any of the programs/memberships listed. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with other persons or objects, for the purpose of advertising, private or public presentations, publicity, and promotion relating thereto.

SIGNATURE OF PARTICIPANT:

DATE