



Today's Date: _____

City of White House ~ Senior Citizens Center
105 College Street, White House, TN 37188 615-672-4350 ext. 2116

Member Information
Please Print

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Email Address (if any): _____

Home Phone: _____ Cell Phone: _____

Emergency Contact:: _____ Relation: _____ Phone: _____ Cell Phone: _____

Primary Doctor's Name: _____ Phone Number: _____

Please list all medications that you are currently taking, along with each dose: (Or attach list) _____

Please list any medical conditions and/or allergies that our staff may need to be aware of if something was to happen to you on a trip or during daily activities. _____

If any of your medications change, please inform the Senior Center staff so that changes may be made to your member information.

TML Risk Management Pool

RELEASE & WAIVER of LIABILITY

In consideration of being allowed to utilize transportation provided as a part of the Senior Citizen program by the City of White House, TN, I assume all risk of personal injury or death and property damage or loss from whatever causes arising while I am participating in the program. This includes injuries, death, or damage arising while I am on the property of the municipality in preparation for, or anticipation of, my participation in the Senior Center program, and causes arising while I am approaching, entering, riding in, disembarking from, leaving, or being about any vehicle of the municipality. I release the municipality, its officers, employees, agents, and servants from any such liability therefore, and will indemnify and save harmless the city, its officers, employees, agents, and servants from any liability. As further consideration for being allowed to participate in the Senior Citizen program, I will indemnify and save the city, its officers, employees, agents, and servants harmless for personal injury or death and property damage or loss to others for which my actions were proximate cause while I am participating in the program. I knowingly assume all responsibility and liability for my own actions while I am participating in the Senior Citizen program.

Signature(s) of Guardians (if needed):

Signature

Date

Printed Name

Signature

Printed Name

Date