



The information below will be used to register you in our computer system for activities at the Murray Senior Recreation Center. **All information provided will be kept confidential.** Please ask for assistance if you have any questions.

Please PRINT LEGIBLY so we can enter your information quickly and accurately.

Today's Date _____

Name _____ Gender M F Date of Birth ___/___/_____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Home Cell

EMERGENCY CONTACT ... In case of emergency, who should we contact?

Name _____ Relationship _____ Phone _____

STATISTICAL INFORMATION NEEDED FOR US TO APPLY FOR CDBG FEDERAL GRANTS

Do you feel you have a **physical/mental impairment** that substantially limits major life activities? Yes No

Race/Ethnic Background (Check One)

Caucasian / White	Black / African American	Asian / Pacific Islander	
Native American	Hispanic	Other	

Annual Income (Check One)

Single – less than	\$18,450	\$30,800	\$36,960	\$49,250	Greater than \$49,251	
Couple – less than	\$21,100	\$35,200	\$42,240	\$56,250	Greater than \$56,251	

HOW DID YOU HEAR ABOUT US?

Murray Journal Murray City Website Family Friends Facebook Other

YES, I'M A SILVER SNEAKER or SILVER & FIT or RENEW ACTIVE MEMBER (provided by your Medicare supplement insurance) Grants free access to the Murray Senior Recreation Center's exercise room during working hours and the class taught by students from the University of Utah. Other exercise classes are not included in the benefit; payment of fees still required. An additional exercise room waiver needs to be completed prior to using the exercise room.

NUMBER IF KNOWN _____

PHOTO RELEASE – I hereby give my permission to Murray City, to take photographs, digital images, and/or video, of me when participating at the Murray Senior Recreation Center either in person or via Zoom. I also authorize the City to display the photographs and images on the website, government channel, and other media.

SIGNATURE _____

For Office Use Only:

Photo Taken Barcode # Sportsman & Membership Staff Name: Exercise Waiver Completed

Murray Senior Recreation Center Exercise Programs
ASSUMPTION OF RISK AND LIABILITY WAIVER

Name _____ Sex M F Date of Birth _____

Address _____ City/Zip _____

Phone _____

Person to contact in case of emergency:

Name _____ Phone _____

Assumption of risk and waiver agreement

In order to participate in any program offered by the Murray Senior Recreation Center (Senior Center”), it is necessary that you assume all risks of potential harm or injury. When participating in an exercise program or using the exercise room, you are exercising at your own risk.

I understand the risks associated with participating in any of the programs of the Senior Center, and I hereby voluntarily and with full knowledge of its significance do fully and forever waive, release, and hold harmless Murray City Corporation, together with carriers, their officials, officers, employees, volunteers or agents (collectively, the “Releasees”) from liability, from all actions, claims, damages and judgments of every nature whatsoever, arising out of or related to any loss, damage, illness or injury, including death, that may be sustained by myself as a result of participating in a Senior Center exercise program, whether known or unknown, which I may now or in the future have against the Releasees. If any provision of this Agreement is found to be unenforceable in any way by a court of competent jurisdiction, this Agreement shall be enforced to the maximum extent possible and all other provisions of this Agreement shall remain in full force and effect.

Note: Always see your physician for a complete physical examination before beginning any exercise program.

Signature _____

Date _____