

2025 / 26 San Pablo Senior Center Member Registration



Office use only		
<input type="checkbox"/> \$5 Resident	<input type="checkbox"/> \$10 Non-Res	Volunteer <input type="checkbox"/>
Method of Payment: <input type="checkbox"/> Cash		<input type="checkbox"/> CH# _____
Mem Card#: _____		
Staff Initial: _____		Entered: MSC <input type="checkbox"/>

First Name: _____ **Last Name:** _____

CONFIDENTIAL INFORMATION USED FOR STATISTICAL OR EMERGENCY PURPOSES ONLY

Personal/Confidential Information

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (primary): _____ **Phone (other):** _____

Email: _____

Do you live alone? YES NO **Are you a Veteran?** YES NO

Please list any allergies: _____

Date of Birth: _____

To which gender identity do you most identify:

Male Female Transgender Female Transgender Male Gender Variant/Non-Conforming

Marital Status: Married Single Divorced Widowed

Ethnicity/Race (please check all that apply)

Ethnicity

Hispanic or Latino
Not Hispanic or Latino

Race

African American/Black
Asian
American Indian/Alaskan Native
Native Hawaiian/Pacific Islander
White
Other/Multiple Race

Household Income

If single, is your monthly income less than \$973/month? **Yes** **No**

If married, is your monthly income less than \$1,311/month? **Yes** **No**

How do you get to the senior center? (Check all that apply)

Drive Self SP Senior Transportation Paratransit Bus Walk

Someone Drives Me Bicycle

Emergency Contact (please provide two)

Name: _____ **Relation:** _____ **Phone:** _____

Name: _____ **Relation:** _____ **Phone:** _____

More on the back →

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Waiver, Release of Liability, Assumption of Risk and Hold Harmless Agreement

I, the undersigned, certify that I am at least 18 years old; I am in good physical condition and have not been advised otherwise by any qualified medical practitioner; have sufficiently trained for participating in the activities for the Program indicated above; have sufficient knowledge of the related equipment; and voluntarily wish to participate in the Program.

I understand that serious accidents occasionally occur during these activities and that participants in these activities occasionally sustain serious personal injuries, death and property damage. I understand that the risks involved with these activities can include risks from the weather, surface and environment conditions, equipment conditions, transportation to and from the activities, and interference from nearby activities. I understand that there is a risk of injury from being struck or tripped, or from bodily contact by other participants in this activity or their equipment. I understand that there is a risk of injury to muscles, tendons, ligaments, joints, bones, nerves and other bodily parts and systems from participating in these activities. I understand that there is a risk of infection by any communication disease, including but not limited to COVID-19. I understand that in addition to these risks, there are unpredictable dangers involved in these activities. Knowing all of these risks, I voluntarily desire to participate in this activity and assume all risks. If I observe any unusual or significant hazard, I will bring it to the attention of the nearest official immediately and remove myself from participation if necessary.

In consideration of my participation in these activities, I voluntarily release the City of San Pablo and its Council Members, Commissioners, officers, employees, volunteers, and agents, and any sponsors or promoters of these activities, from all claims, liability, cost and expense, including attorneys' fees, which I may have or may accrue to me, for property damage, injury or death in any way arising from or connected with participation in these activities. This waiver and release is applicable even though the negligent acts of the released parties may have caused or contributed to the injury, death or property damage. I further agree to hold harmless, indemnify and defend the City and its officers, employees and agents, who through negligence or carelessness might otherwise be liable to me (or my heirs or assigns). This waiver, release and indemnity is binding on my heirs, dependents, executors, administrators, and assigns.

I also understand that I may be photographed or filmed during my participation in these activities. I consent to the use of any photo, video or film likeness of me to be used for any legitimate purpose by the City of San Pablo or the sponsors and promoters of these activities, including but not limited to City publications, general newspapers, tv, radio, social media, and the internet. I will not receive any compensation for use of these photographs or films.

In the event of injury or illness, I hereby consent to and agree to be responsible for the costs for transportation to a medical facility and whatever examination, procedure or treatment considered necessary by the medical personnel.

I agree to abide by any rules and regulations of the City of San Pablo, County, State, any sponsor or promoter, or any team affiliated with these activities. I acknowledge that I have been provided these rules and regulations, including but not limited to the Community Service Department's Code of Conduct and will abide by them.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK, FULLY UNDERSTAND IT AND SIGN IT FREELY AND VOLUNTARILY.

Printed Name: _____

Signature: _____

Date: _____