

Department of Senior Affairs Youth Membership Form (under 18)

Application Date:					
Child's Name:				Phone #:	
]	Last	First	Middle		
Address:					
	Street	Apt. #	City/State	Zip Code	
Birth Date:		Age:	Gender: Male / Female		-
Ethnicity (Optional)	: Hispanic	African-American	Native-American	Caucasian Other:	
Parent/Guardia	n(s):				
Name:	Relati	onship:	Phone #:	E-Mail Address:	
Name:	Relati	onship:	Phone #:	E-Mail Address:	
In Case of Eme	rgency, Conta	ct:			
Name:		Relationship		Phone #:	
Name:		Relationship		Phone #:	
		MEDIA WAIVE	R AND LIABILIT	ΓY WAIVER	
advertising spo for use on tele programs in rel	nsorship as sevision, or in ated campaig	r the employees of till photographs, tra other printed and	Manzano Mesa to n nsparencies, vehicle graphic materials es, booklets, poster	record my child's/ward's likeness for e wraps, motion picture film and vid to further the aims of those activit s, and in any other ways they may se	eo tape ies and

MEMBERSHIP AGREEMENT, LIABILITY RELEASE AND INDEMNIFICATION

I, the undersigned Participant or parent/legal guardian of Participant who is under 18 years of age (Minor Participant), understand and agree that attendance at and participation in the programs and activities offered by the City of Albuquerque ("City") Senior Centers and Multigenerational Centers, including using their exercise and fitness rooms and grounds and participating in their off-site programs, may involve exposure to certain hazards or risks, including but not limited to pandemics, including COVID-19, communicable diseases, flaws and defects in facilities or equipment, equipment failures and vehicle crashes, that could result in sickness, injury or even death to me or Minor Participant. By visiting the facilities and grounds, using the City's equipment, and participating in the City's activities and programs held on-site and off-site, or authorizing Minor Participant to do so, I voluntarily and freely assume all risks and agree to defend, indemnify and release the City of Albuquerque and its officials, employees, volunteers and agents from all liability for any injuries or other damages sustained in connection with my or Minor Participant's participation.

If participating in the sports or physical fitness programs offered by the City or using its sports and fitness facilities, I warrant that I am or Minor Participant is physically able to participate in the classes and programs selected. I know of no physical restrictions that would prohibit my or Minor Participant's participation. I recognize that participation may necessitate strenuous physical activity, and could possibly activate any unrecognized pre-existing medical disorders, thereby resulting in serious or life-threatening harm. I have been advised by the City that it would be in my best interest to consult with my physician prior to my or Minor Participant's participation in any of the sports and fitness programs or activities or using the facilities. The City has my permission to secure such emergency medical advice and services, including hospital care, as may be necessary under the circumstances for my or Minor Participant's health and safety.

I hereby grant the City and its officials, employees, agents, and volunteers' permission to record my and/or my child's/ward's likeness for use by television, film, radio or printed media in digital, print, or any other medium now known or later discovered to further the aims of those activities and programs and in any other ways they see fit. I hereby release the City and its employees, agents, and volunteers from any and all claims that I or my child may have in connection with the use of such likenesses, including but not limited to libel and invasion of privacy.

By completing this registration, I agree to abide by all rules of the City of Albuquerque, and follow all written and/or oral instructions given to me by authorized personnel of the City, and understand that if I do not comply or Minor Participant does not comply with all rules and instructions relating to use of the Facilities, the City has the right to suspend or terminate my or Minor Participant's participation in the activity or membership without refund.

By my signature below, I confirm that I have read and understand its terms and agree to the above statements in their entirety.

Participant Printed Name	Signature	Date	
Minor Participants [APPLICABLE TO PAI I represent and warrant that I am the parent (Minor Participant) and that I am legally aut to all terms as applied to Minor Participant.	or legal guardian of the par thorized to sign this form o	ticipant who is under 18 years of	_
Parent/Legal Guardian Printed Name	Signature	Date	