



31<sup>ST</sup> ANNUAL

Wednesday June 26, 2019

At the Big Rapids High School

Sign up by June 17, 2019

Cost for the conference (includes lunch) is \$12 and must be paid with registration.

Some classes may require an additional fee to help pay for materials. This will be collected at the class.

Please see individual description for details so you can be prepared.)

www.seniorenrichmentday.com

Your Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Township: \_\_\_\_\_

Month Day Year (Information on this form is used only for securing funding for sponsoring this event each year)

Make checks payable to: **Senior Day**  
Mail to: **Mecosta County Commission on Aging**  
**12954 80<sup>th</sup> Avenue ~ Mecosta, MI 49332**  
**(231)972-2884**

<b>Session I (9 am – 9:45 am)</b>	<b>Room #</b>
First Choice _____	
Second Choice _____	

<b>Session II (10 am – 10:45 am)</b>	<b>Room #</b>
First Choice _____	
Second Choice _____	

<b>Session III (1pm – 1:45 pm)</b>	<b>Room #</b>
First Choice _____	
Second Choice _____	

<b>Session IV (2 pm – 2:45 pm)</b>	<b>Room #</b>
First Choice _____	
Second Choice _____	

Persons with special dietary needs must provide the relevant information on the registration form by June 7, 2019 as to assure reasonable accommodations can be provided.

Please indicate if you are:      Gluten Free \_\_\_\_      Vegetarian \_\_\_\_      Vegan \_\_\_\_

Use the area below to identify life-threatening food allergies and/or critical dietary issues:

\_\_\_\_\_

**Liability Waiver & Photo Release Form For Senior Enrichment Day June 26, 2019**

I grant to Senior Enrichment Day, its representatives the right to take photographs of me and my property in connection with Senior Enrichment Day. I authorize Senior Enrichment Day, its assignees and transferees to, use and publish the same in print and/or electronically. I agree that Senior Enrichment Day may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

This agreement releases Senior Enrichment Day & Affiliates from all liability relating to injuries that may occur June 26, 2019 during Senior Enrichment Day activities. By signing this agreement I agree to hold Senior Enrichment Day & Affiliates entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. I also acknowledge the risks involved in attending Senior Enrichment Day. These include but are not limited to falls. I am participating voluntarily and all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity. By signing below I forfeit all rights to bring a suit against Senior Enrichment Day & Affiliates for any reason. In return, I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I have read and fully understand and agree to the above terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note: Only one person per form. Feel free to duplicate for a friend! Your cancelled check is your receipt. No confirmation will be mailed. There will be NO REFUNDS.