



East Rockaway Senior Center

6 James Street, East Rockaway, N.Y. 11518

516 341-0996

Mayor: Bruno F. Romano - Deputy Mayor: Gordon J. Fox

Trustees: Rich Bilello - Tim O'Hagan - Jack Felbinger

BINGO IN THE PARK, Thursday 11:00 a.m. - 1:00 p.m.

PARTICIPANT'S NAME: _____

Cell #: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

DATE OF BIRTH: _____ Age: _____ SEX: _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

EMERGENCY CONTACT PHONE #: _____

Your participation in a Village of East Rockaway Recreation program or event provides consent to the Department to use photos and stories providing information about the Department and its programs and events to the public.

Signature

Date

I have read and sign the Waiver and Release form

Signature: _____

Date: _____

I am a 2020 Member of the East Rockaway Senior Center

I am a non-resident and would like to join for a \$5 fee per day

MAIL IN REGISTRATION

East Rockaway Recreation

376 Atlantic Avenue

East Rockaway, NY 11518

Or

Drop-off registration forms

Use our **Locked box** located at the side doors of the Village Hall

Waiver and Release Covid 19

I, _____ (participant) hereby covenant and agree to indemnify, release and hold harmless the ***Incorporated Village of East Rockaway***, all of the elected and appointed officers, directors, employees, volunteers, and/or agents, from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for any harm, bodily injury including economic, physical, or mental, including death, or property damage caused by the negligence of the Village or otherwise incurred by me, to the fullest extent permissible by law, arising out of my participation in **Senior Center Bingo**. I understand my participation in said program may involve rigorous physical activity and risks of physical injury and I assume the risks.

I hereby give consent for transportation and treatment of above named participant in the event of illness or injury. I hereby accept responsibility for the payment of any transportation or treatment costs. I further certify that the above named participant is in good physical condition and has no medical or physical conditions that would restrict his/her participation in this program/event.

I acknowledge that, in the middle of a global pandemic, there is a serious risk that, by using the facility, I could contract a dangerous virus or other health condition, and that I accept this risk and nonetheless voluntarily choose to use the facility

By signing below I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed, including without limitation the Release of Liability and Indemnification requirements contained in this document; I am sufficiently informed about the risks involved in using the East Recreation facility to decide whether to sign this document; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this document for full, adequate, and complete consideration fully intending to be bound by the same. I agree that this Waiver of Liability shall be governed by and construed in accordance with CDC guidelines, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Waiver of Liability as a whole. This waiver remains in effect until all COVID-19 related mandates are lifted

Name _____ (print)

Signature _____

Date _____