



Senior Walking Pass

Date: _____

Filled out by: _____

Name: _____ () male () female DOB: ___/___/___

Home Address: _____ Apt # _____ City: _____ St.: _____ Zip: _____

Home Phone: _____ (unlisted Yes__ No__) Email: _____

Employer/School: _____ Work Phone: _____

Emergency Name/Phone: _____

PLEASE NOTE:

No Refunds or Credits on Walking Fees Not Used.

Please read releases and acknowledge by signing below:

Walking Passes are month to month, date to date.
If walking pass has expired, you will be required to buy a day pass each time you come in until your walking pass is paid for.

Walking Pass Rules: Seniors only, 55 and older - \$5.00 per month.
Walkers may walk **ONLY** Mondays thru Fridays 5:30 am to 10:00 am and Saturdays 8:00 am to 10:00 am.
Walkers may **NOT** use the Fitness Room or the Program Studio. Walkers may **ONLY** be in the gym.
No Key Tags are issued. Seniors must sign in each morning on the Senior Walking Sign-In sheet.
Seniors must fill out a Fitness Waiver before using their Walking Pass.

Release: I acknowledge that by my signature below, the registrant listed above is participating in the Mulvane Recreation Commission (MRC) programs at his/her own risk. MRC, Mulvane USD 263, City of Mulvane, successors and assigns shall not be held liable for any accidents, illness, injury or damage to property. MRC does not provide any medical insurance for participants. **Registration is not valid without signature.**

Model Release: The undersigned participant authorize MRC to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof.

Medical Release: In case of a medical emergency and I cannot be contacted; I give my permission for an MRC representative to act in my place and to make medical decisions concerning emergency treatment for the participant. I understand that the MRC staff is not allowed to administer any medications.

Conduct: The undersigned and participant agree to abide by all the policies and guidelines set forth by the MRC regarding this program and violations could result in being expelled from the activity with no refund.

Participant signature: _____ Date: _____

MRC Employee signature: _____ Date: _____

For Office Use Only: Payment received \$ _____ Check# _____ Cash

MONTHLY PAYMENTS

	2009	2010	2011	2012	2013
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					