## **LATHREM SENIOR CENTER TRANSPORTATION SERVICES ENROLLMENT INFORMATION**

Transportation Services Membership E	Expiration Date:/ Initials: On Database:/ Initials: Office Expiration Date:/ Initials: Only
Date:	Only
Name:	
(First Name)	(Last Name)
Address:(Street)	Kettering OH (City) (State) (Zip)
Email:	
	Home Phone:
Date of Birth://	
Do you have any physical disabilities	5? (Check all that apply)
☐ Mobility Impairment	☐ Hearing Impairment
☐ Visual Impairment	☐ Cognitive Impairment
Do you use any of the following? (Ch	neck all that apply)
☐ Wheelchair (foldable)	☐ Electric Wheelchair or Scooter
□ Walker	☐ Personal Care Assistant
☐ Service Animal	(Someone traveling with you)
Please list any additional notes rega	rding pick up of which we should be aware:
Emergency Contact:	
Name:	Relationship:
Phone Number 1:	Phone Number 2:

PLEASE TURN OVER TO COMPLETE WAIVER & DEMOGRAPHIC INFORMATION

## **DEMOGRAPHIC INFORMATION**

The following demographic information is compiled for standard reporting. No names are attached to any information. Please answer the questions as thoroughly as you can. Thank you.

## Please CIRCLE the answers that best describe you:

Gend	er: ſ	Male	Fer	male	Transg	ender	Nonk	oinary	
<b>Race:</b> Black	/ Africa	n Amei	rican	Asiar	ı '	White / (	Caucasiar	ו ו	Hispanic / Latino
Native	e Ameri	cans	Pad	cific Islan	der	M	ulti-Racia	ıl (	Other
<b>Do yo</b> Live a		Ν	lot Living	g Alone		Other Liv	ving Statu	ıs l	Unknown Living Status
Yearly	<b>House</b> \$0 - \$4		icome:			\$3	5,000 - \$	49,999	
	\$5,000	- \$9,99	99			\$5	0,000 - \$	74,999	
	\$10,00	0 - \$14	,999			\$1	00,000 -	\$149,99	9
	\$15,00	0 - \$19	,999			\$1	50,000 -	\$199,99	9
	\$20,00	0 - \$24	,999			\$2	00,000 o	r more	
	\$25,00	0 - \$34	,999			U	nknown		
Age:	É	50-64	65-69	70-74	75-79	80-84	85-89	90-99	100 + Years

## WAIVER FOR PARTICIPANT

I, for myself and my child(ren), agree to assume all risks, including, but not limited to, risk of physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss or damage I or my child(ren) may sustain as a result of participating in any and all activities connected with or associated with this program(s). In consideration of the City of Kettering allowing my child or my children to participate in this program, and with the intent to be legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever: release, waive, and relinquish all claims I or my child have or may have as a result of participating in this program; promise not to sue the City of Kettering or its officers, employees and agents; and agree to indemnify and hold harmless and defend the City of Kettering and its officers, employees and agents, from any and all liabilities, claims, demands, actions or causes of action resulting from, whether directly or indirectly, my or my child's participation in this program; and grant and give the City of Kettering the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion. By signing below, I certify that I have read and agree to be bound by these conditions and that all information contained herein is true and that I am giving up legal rights.

Signature:		Date:	
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