



**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:**

**Gender:** Male Female Transgender Nonbinary

**Race:**

Black / African American Asian White / Caucasian Hispanic / Latino  
Native Americans Pacific Islander Multi-Racial Other\_\_\_\_\_

**Do you:**

Live alone Not Living Alone Other Living Status Unknown Living Status

**Yearly Household Income:**

\$0 - \$4,999 \$35,000 - \$49,999  
\$5,000 - \$9,999 \$50,000 - \$74,999  
\$10,000 - \$14,999 \$100,000 - \$149,999  
\$15,000 - \$19,999 \$150,000 - \$199,999  
\$20,000 - \$24,999 \$200,000 or more  
\$25,000 - \$34,999 Unknown

**Age:**

60-64 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: \_\_\_\_\_