



Office Use Only

Date Received: _____
 FC _____ Out of County _____
 Amount Paid: _____
 Received BY: _____
 Comments: _____

Fulton County Government

Health and Human Services Agency
 Senior Services Department

SENIOR MULTIPURPOSE PROGRAM - REGISTRATION FORM

A Cognitive Assessment is Mandatory to become an Active Member of the Senior Multipurpose Program

Check Application Type	Check Facility	
Renewal	Dorothy C. Benson	Harriett G. Darnell
New Participant	H.J.C Bowden	Helene S. Mills

Personal Information

Last Name _____ | First Name, MI _____

Address (including city, state, zip code) _____

Birthdate _____	Gender _____	Ethnic Group (Optional) _____
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Primary Number Circle one: Mobile/ Home/ Work ()	Secondary Number Circle one: Mobile/ Home/ Work ()
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Email Address _____	Would you like to be included on the center's email list? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No
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Marital Status <input type="checkbox"/> Married <input type="radio"/> Widowed <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced	Household <input type="checkbox"/> Live Alone <input type="checkbox"/> Live with Spouse <input type="checkbox"/> Live with Family <input type="checkbox"/> Live with Friend(s)	Other: _____
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Present or Former Occupation _____	Retired <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No
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Are you or your spouse a veteran? <input type="checkbox"/> I am a veteran <input type="checkbox"/> My spouse is a veteran	Is your spouse a member of the center? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Emergency Contact Information

Emergency Contact #1 - Last Name, First Name _____	Relationship _____
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Primary Number Circle one: Mobile/ Home/ Work ()	Secondary Number Circle one: Mobile/ Home/ Work ()
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Emergency Contact #2 - Last Name, First Name _____	Relationship _____
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Primary Number Circle one: Mobile/ Home/ Work ()	Secondary Number Circle one: Mobile/ Home/ Work ()
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Fulton County Senior Services

Participant Release and Waiver of Liability

Participant Name: _____

Date: _____

Facility/Center
Location: _____

1. Waiver and Release. Participant, or family caregiver acting on a participant’s behalf, (hereinafter collectively referred to as “Participant”) hereby agrees to release and hold harmless Fulton County, Georgia (the “County”), County officials, employees and agents from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, arising from Participant’s participation in any event or activity taking place at the above-referenced Fulton County Senior Multipurpose Facility Location, Adult Day Health Program Location, and/or Neighborhood Senior Center Location (“Location”). By signing this form, Participant discharges the County, its officials, employees, and agents from any liability or claim that Participant may have with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Participant’s participation in any event or activity occurring at the above-referenced Location and any claim against any person transporting Participant to or from the event or activity. **In the event the Participant declines to sign this Release and Waiver of Liability, the Participant shall not be permitted to participate in any event or activity at the Location.**

2. Medical Treatment and Insurance/Authorization for Treatment. Participant releases and forever discharges the County, County officials, employees, and its agents from any claim whatsoever which arises now, or later account of any first aid, treatment or service rendered in connection with the Participant’s participation in activities or events at the above-referenced Location. If an emergency should occur, and the emergency contact person designated below cannot be reached, Participant hereby given permission to the medical persons selected by the County to secure and administer all necessary treatment, including hospitalization, ordering x-rays and routine tests, release of any records necessary for insurance purposes and any necessary related transportation for Participant.

3. Assumption of the Risk. Participant acknowledges that participation in events and activities at the above-referenced Location is purely optional and that it is Participant’s responsibility to assess the hazards presented by such participation and that Participant is the ultimate judge as to whether Participant can participate in the activity or event without risk of harm. Participant understands that while participating in the event, certain circumstances may arise which cannot be controlled by County officials, employees, or its agents. Participant assumes all risks of injury or harm incidental to the conduct of the activity or event and transportation to and from the activity or event and hereby releases the County, County officials, employees, and its agents from all liability for injury, illness, death, or property damage resulting from Participant’s participation in the event or activity.

4. Photographic/Video Release. Participant grants the County the right to photograph and videotape all activities or events at the above-referenced Location for promotional purposes. Participant hereby releases the County from any liability resulting therefrom.

5. Participant understands and acknowledge that participation in the Multipurpose Programming offered by the Fulton County Department of Senior Services is contingent upon undergoing a cognitive assessment. I understand that the St. Louis University Mental Status (S.L.U.M.S.) assessment is mandatory for all participants and that failure to undergo the assessment may prevent me from participating in the Multipurpose Programming. I understand that the purpose of the cognitive assessment is to evaluate my cognitive functioning and suitability for participation in the Multipurpose

Programming. I understand that the decision regarding my eligibility for participation in the Multipurpose Programming will be based on the results of the cognitive assessment and other relevant factors determined by the program staff.

6. Other. Participant agrees to abide by the policies and rules of the County. Participant understands that he/she is responsible for any damages to County property that may occur during Participant’s usage or participation in events or activities at the above-referenced Location. Participant understands that any problems should be reported to the County’s Department of Senior Services. This release is intended to be as inclusive as the laws of Georgia permit and shall be governed by the laws of Georgia. Participant agrees that if a clause or provision of this release is found by a court to be invalid, that finding shall not invalidate any other clause or provision of this release which shall continue to be enforceable.

Signature of Participant or Family Caregiver Acting on Participant’s Behalf

Address

Emergency Contact and

Phone Number for Emergency Contact

If you need reasonable modifications due to a disability, including communications in an alternate format, please contact the Disability Liaison at (404) 613-7944. For TDD/TTY or Georgia Relay Service Access, dial 711

Revised August 2024