

SOAR Membership Form
Senior Outdoor Adventure Recreation

Name: _____ Date of Birth: _____

Cell Phone: _____ Do you use text messaging? _____
Staff may send a text notification in the event of a cancellation.

Home Phone: _____

Email: _____

Address: _____

City: _____ Zip: _____ State: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Is there anything SOAR staff should know about you?
(For example, allergies, if you carry an EpiPen, medical issues, etc.)

Please return this form along with the *Waiver & Release of Liability, Permissions & Authorization Form* to Melissa Hoose at the Kernodle Senior Activities Center at 1535 S. Mebane Street Burlington, NC 27215. Or by email to mhoose@BurlingtonNC.gov.

Your membership is complete once we receive all forms:

- *SOAR Membership Form*
- *Waiver & Release of Liability, Permissions & Authorization Form*
- *Medical Clearance Form for SOAR Programs*

Waiver & Release of Liability, Permissions & Authorization Form

In consideration of being a participant in a program/activity/trip sponsored or co-sponsored by the City of Burlington, I hereby acknowledge and agree on behalf of myself as follows:

I RELEASE AND AGREE TO HOLD HARMLESS AND INDEMNIFY the City of Burlington, its elected officials, employees, agents, and volunteers, and its Recreation & Parks Department from and against any and all liability, and from and against any claims, demands, costs or expenses, or causes of action, of whatever kind or nature, which may arise from or relate in any way, directly or indirectly, with my activities related to the City of Burlington, or my presence at any location occupied or controlled by the City of Burlington, its employees or supervisors.

I expressly acknowledge that I am aware that the program/activity/trip I am registering for, even under the safest of conditions possible, may involve risk to me. Nevertheless, I expressly assume all risk or hazard related or coincidental to, arising out of or connected to, the program/activity/trip for which I am registered for, including risk of loss or damage to personal property and/or personal injury, including permanent disability or death, however caused. I assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death to myself.

Coronavirus / COVID-19 Warning & Disclaimer - Coronavirus/COVID-19 is a contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in City of Burlington Parks & Recreation programs or accessing City of Burlington Parks & Recreation facilities could increase the risk of contracting COVID-19. The City of Burlington and its Parks & Recreation Department in no way warrants that COVID-19 infection will not occur through participation in City of Burlington Parks & Recreation programs or when accessing City of Burlington Parks and Recreation facilities.

Photography Waiver - I permit the City of Burlington to use and publish photographs and/or video of me for purposes of promoting recreation activities to the community, news releases, or for other documentary purposes of the City.

Emergency Treatment & Transportation - I give my permission to the City of Burlington and their employees, agents, and/or contractors and their volunteers the full authority to take whatever action they feel is warranted under the circumstances in regard to my health and safety. I also grant them at their discretion, to place me at my own expense in a hospital or local doctor at any point for medical services and treatment. I also give my permission to permit emergency transportation, if needed.

I have read and fully understand the foregoing Waiver and Release of Liability and understand that it I have read and fully understand the foregoing Waiver and Release of Liability and understand that it constitutes a formal legal document. By my signature, I acknowledge and consent to all of the foregoing.

Name of Participant (Print): _____

Signature of Participant: _____ Date: _____

Medical Clearance Form for SOAR Programs
(Requires physician signature.)

Patient Name: _____ **Date of Birth:** _____

Phone: _____ **Email:** _____

The patient named above is interested in **SOAR – Senior Outdoor Adventure Recreation** presented by Burlington Recreation & Parks. SOAR events include hiking, kayaking and other outdoor activities for active adults age 55 and older. Activities are developed and reviewed by SOAR staff with participants’ needs and abilities in mind. SOAR events and activities encompass the various dimensions of exercise: cardiovascular or aerobic endurance, muscular strength, flexibility, balance and weight management. **A typical hike in the SOAR program is 3 miles on natural surface trail with uneven footing, roots and rocks, inclines/declines.**

The patient’s medical history is an important part of the SOAR program. If you believe that there are any medical reasons for limiting and/or avoiding participation the SOAR program for the patient named above, please indicate so on this form.

By completing the form below, you are not assuming any responsibility for this person’s safety during the program. If you have any questions about the SOAR program, please call the Burlington Recreation & Parks office and ask for Melissa Hoose at 336-222-5030.

_____ I know of no medical reason why this person should not participate.

_____ I believe this person can participate, but I urge caution because _____

_____ I recommend that this person **NOT** participate in the SOAR programs at this time.

Physician Signature: _____ **Date:** _____

Physician’s Printed Name: _____

Phone: _____

Fax completed form to (336) 513-5468 or email to mhoose@burlingtonnc.gov.
Or return to the Kernodle Senior Activities Center at 1535 S. Mebane Street Burlington, NC 27215.