



35TH ANNUAL

Wednesday June 26, 2024

At the Big Rapids High School

Sign up by June 17th, 2024.

Cost for the conference (includes lunch) is \$13 and must be paid with registration.

(Some classes may require an additional fee to help pay for materials. This will be collected at the class.

Please see individual description for details so you can be prepared.)

www.seniorenrichmentday.com

Your Name _____

Address: _____

City: _____

Phone: _____ County: _____

Date of Birth: ____/____/____

Email Address: _____

Zip Code: _____

Township: _____

Month Day Year (Information on this form is used only for securing funding for sponsoring this event each year)

Make checks payable to: **Senior Day**
Mail to: **Mecosta County Commission on Aging**
12954 80th Avenue ~ Mecosta, MI 49332
(231)972-2884

Session I (9 am – 9:45 am)	Room #
First Choice _____	
Second Choice _____	

Session II (10 am – 10:45 am)	Room #
First Choice _____	
Second Choice _____	

Session III (1pm – 1:45 pm)	Room #
First Choice _____	
Second Choice _____	

Session IV (2 pm – 2:45 pm)	Room #
First Choice _____	
Second Choice _____	

Persons with special dietary needs must provide the relevant information on the registration form by **June 3, 2024** as to assure reasonable accommodations can be provided.

Please indicate if you are: Gluten Free _____ Vegetarian _____

Use the area below to identify life-threatening food allergies and/or critical dietary issues:

Liability Waiver & Photo Release Form For Senior Enrichment Day **June 26, 2024**

I grant to Senior Enrichment Day, its representatives the right to take photographs of me and my property in connection with Senior Enrichment Day. I authorize Senior Enrichment Day, its assignees and transferees to, use and publish the same in print and/or electronically. I agree that Senior Enrichment Day may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

This agreement releases Senior Enrichment Day & Affiliates from all liability relating to injuries that may occur **June 26, 2024** during Senior Enrichment Day activities. By signing this agreement I agree to hold Senior Enrichment Day & Affiliates entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. I also acknowledge the risks involved in attending Senior Enrichment Day. These include but are not limited to falls. I am participating voluntarily and all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity. By signing below I forfeit all rights to bring a suit against Senior Enrichment Day & Affiliates for any reason. In return, I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I have read and fully understand and agree to the above terms.

Signature _____ Date _____

Please note: Only one person per form. Feel free to duplicate for a friend! Your cancelled check is your receipt. No confirmation will be mailed. There will be NO REFUNDS.