Castle Rock Senior Activity Center

2026 Guest Waiver

Updated 1-12-2026

Last Name _____ First Name _____ Nickname _____

Mailing Address _____ Apt or Unit # _____

City _____ State _____ Zip Code_____

Home Phone _____ Cell Phone _____

Email Address _____

Communicating with You

We send out emails to our guest occasionally. We will use the email above but you may also provide others.

Do you text on your cell phone? ❑Yes ❑No Do you use Facebook? ❑Yes ❑No Like us on FB.

Emergency Contact

It is important that we have a local contact (family member or friend) in case there is an emergency of some kind.

Contact Name _____ Relationship _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ City _____ State ____ Zip code_____

Signature Required

The Castle Rock Senior Activity Center provides activities for active, independent seniors in our community. Our programs and activities are available to members of the CRSAC and designed for people age 50 and over who are able to independently function physically and mentally, are reasonably oriented to time and location, and able to manage their own schedules, medication, diet, and hygiene (with or without assistive devices or accompanying caretakers). Our staff and volunteers are unable to provide any caregiving services including, but not limited to physical lifting, pushing wheelchairs, supervision of participants, monitoring or administering medication, monitoring or supervising special diets, or helping manage hygiene, continence, or feeding. If a person is unable to manage independently, they may be able to be accompanied by a caretaker, who must remain with the participant at all times. If accompaniment by a non-member caretaker (such as a family member or personal care attendant) is desired, please notify staff in advance as space in many activities is limited. Accompanying caretakers will be charged for activity and attendance fees.

WAIVER AND RELEASE OF LIABILITY: I understand that participating in the activities, programs, services, and sports leagues, and accepting transportation provided to and from such activities offered by the Castle Rock Senior Activity Center (CRSAC) (collectively referred to for purposes of this waiver and release as the "Activities"), may have an element of hazard or inherent danger, and further may be a test of a person's physical abilities. I understand that my participation in the Activities could cause serious injury, potential death, and property damage. Understanding the potential risks, I assume the risks of participating in the Activities and I waive and release the CRSAC, the Town of Castle Rock (TOCR), TOCR's elected and appointed officials, officers and any of CRSAC & TOCR's directors, employees, and volunteers acting within the course and scope of their duties for the Center and/or Town. I also agree to indemnify and hold CRSAC and TOCR harmless from any claims or liabilities made against them as a result of my actions or any action taken by another on my behalf.

I certify that I have read and understand this Waiver and Release of Liability, I understand I am giving up substantial rights by signing this waiver and release, and my waiver is voluntary. I also agree that my photograph may be taken while participating and such photographs may be used in publications and for promotional purposes, and I will not receive any compensation. As a member of CRSAC, I will adhere to the "Code of Conduct" as set forth in the Center's Bylaws.

Signature of guest _____ Date ____/ ____/ ____

For Office Use Only

Date: _____ Date Entered into System _____ Entered by_____

Companion for _____ COPAN Membership Created _____