



BARTOW COUNTY SENIOR CENTER

33 Beavers Drive
Cartersville, GA 30120
770-387-5134 or 770-387-5166

(Please Print)

Name _____

Address _____

City/State/Zip _____ County _____

Phone#- Home _____ Cell: _____ Other# _____

E-Mail Address _____ Age _____ DOB: _____ / _____ / _____
Month Day Year

Will you permit us to print your name, address & number in the Senior Center Directory? _____ Yes _____ No

In Case of Emergency, Please Contact:

Name: _____ Phone: _____

Relationship: Spouse / Child / Sibling/ Other _____ Cell/Work# _____

Address/City/State/Zip: _____

Do you have special skills or talents to share with others? _____ If yes, please list: _____

Would you be interested I volunteering at our Senior Centers? _____ Yes _____ No

Please list programs or activities that interest you _____

HOLD HARMESS AGREEMENT

In acknowledgement of my voluntary use of the facility and participation in activities provided through the Bartow county Department of Senior Services, I do hereby for myself, my heirs, executors and administrators, waive and release any and all rights, causes of actions and claims to damages I may have against Bartow County, its agencies, representatives and employees for injuries sustained by me arising out of or in the course of utilizing the facilities or participating in any activities at or sponsored by the Bartow County Senior Center.

Date _____ Signature _____