

Rider Registration

Aging inPlace The Woodlands

First Name: _____ Last Name: _____

Email: _____ Phone No.: ____ - ____ - ____ Cell No.: ____ - ____ - ____

Street : _____ Apt # _____ Village: _____ Subdivision: _____

Rider's Representative (Relative , Friend, or Neighbor who can usually contact you)

First Name: _____ Last Name: _____ Relationship: _____

Email: _____ Phone No.: ____ - ____ - ____ Cell No.: ____ - ____ - ____

Personal Information:

Date of Birth: ____/____/____ Male ___ Female ___

Languages Spoken at home: English ____, Spanish ____, Other(s) _____

Marital Status: Single __ Married __ Divorced __ Widowed __ Live Alone? ___ if no, with whom? _____

Mobility Status: Ambulatory ____, Walker ____, Cane ____, Wheelchair ____, Scooter ____, Other help needed _____

Name of Primary Care Physician? _____ Preferred Hospital: _____

Medical Issues: Vision ___ Hearing ___ Diabetes ___ Other (describe) _____

I am a member of **Aging In Place The Woodlands**: Yes ___ No ___

Certification

This Section is to be signed by the applicant or by person authorized to sign for client. A witness is needed for any signature made by a mark.

I certify this application has been completed to the best of my knowledge with complete and accurate information.

In consideration for receiving personal services provided by Aging in Place the Woodlands , I, my family members, spouse, assigns and personal representatives hereby expressly RELEASE, WAIVE, and DISCHARGE Aging in Place the Woodlands, its officers, directors, servants, agents, and/or employees (referred to collectively as "releasees") from any and all liability, claims, demands, action and causes of action whatsoever arising out of or relating to any loss, damage or personal injury, including death, that may be sustained by me, or to any loss, or damage to property belonging to me, whether caused by the negligence of the releasees, third party service providers or otherwise AND hereby and covenant not to sue for any such loss damage or personal injury, including death.

I voluntarily assume full responsibility for any risks or loss of property, or personal injury, including death, that may be sustainedly me or by third party service providers in connection with services and/or programs provided by NRS and Aging In Place The Woodlands whether directly, or indirectly provided, whether caused by the negligence of releasees or otherwise.

I have read and understand the foregoing Release, Waiver of liability and Covenant not to sue and understand its content and agree to sign it voluntarily and without reservation.

Signed this this ____ day of _____, 20____

Participant Signature: _____ Witness Signature (if signed with a mark) _____

Witness Name Printed: _____