

CONTACT IN CASE OF EMERGENCY: (You must list two.)

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Do you have a living will? Yes No

Do you have a medical power of attorney? Yes No

Person holding medical power of attorney:

NAME: _____

PHONE: _____

The undersigned, hereby agrees for consideration of any Senior activities/programs/trips and/or van transportation services to be provided by the City of Solon and its agents from any and all suits, claims or damages that arise as a result of Senior activities/programs/trips and/or van transportation services rendered to undersigned for his or her convenience and waive any claim on his or her own behalf arising from said City service.

Signature

Date