

Senior Fitness and Nutrition Program

6 week program with health and nutritional activities to improve physical, mental and emotional health



Senior's Name: _____ Gender: _____ Male _____ Female

Birth Year (optional): _____ Email: _____

Mailing Address: _____

Home Phone Number: _____ Cell Number: _____

AUTHORIZATION TO PRODUCE AND USE AUDIOVISUAL MATERIALS

I hereby voluntary and without compensation authorize the Four Rivers Outreach Community Development Corporation to produce photographs, movies, videotapes, audio-tapes, and Power Point Presentations of the above named participant. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand Four Rivers Outreach Community Development Corporation and its employees will not use these materials for compensation. I understand that this grant of permission shall only be revoked by a written instrument delivered to the President of the Four Rivers Outreach Community Development Corporation. This consent shall remain in effect, unless revoked.

Signature

Date:

Automatic Bank Draft Authorization e-Check Authorization Section

Name of Bank: _____

Name of Bank Account Holder: _____

Account Routing Number: _____ Account Number: _____

Or Credit Card number: _____ Exp Date: _____ Security Code: _____

I authorize Four Rivers Outreach Community Development Corporation to charge my:

☐ Checking account (attach voided check) ☐ Savings account (attach voided deposit slip)

☐ Credit Card

Signature of authorized bank account holder:

Date: _____

RETURN THIS FORM To CHURCH OFFICE OR Adrienne Edge