



Emergency Contact Information

2026

(253) 756-0601

Pt. Defiance ~ Ruston

Operated by Franke Tobey Jones

Participant

Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Emergency Contact

Name: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Email Address: _____

Medical Emergency Information

Disabilities

Mobility: Completely Mobile Need Assistive Device: ___ Cane ___ Walker ___ Wheelchair

Hearing: Hearing Impaired Deaf **Eyesight:** Visually Impaired Blind

Brain: Cognitive Impairment Dementia

Health

Allergies: _____

Medical Condition(s)

Medication(s)

Primary Physician: _____ Telephone: _____

Pharmacy (where prescriptions are located): _____

Pharmacy address: _____ Telephone: _____

Treatment Exclusions

Is there a medical reason that would preclude you from receiving medical assistance? Yes No

If yes, please explain: _____

Medical Directives

_____ (Initial) PLEASE NOTE: Should an incident occur and you need medical assistance, we are required to provide medical help to the extent of our training. If you do not want to be resuscitated, we must have a POLST or copy of a living will on file.



Information for Grants!

Pt. Defiance~Ruston Senior Center

| |
|----------------------|
| Date Completed _____ |
| Date Entered _____ |

Demographics *(For granting purposes.)*

Gender: Male Female

Age: 55-59 60-69 70-79 80-89
 90+

Ethnicity: White African American
 Hispanic Asian Russian
 Pacific Islander American Indian /
Alaskan Native Other _____

Federal Poverty Levels

Please check the appropriate box. Individuals check only if your income was below the 2026 poverty level *This information will only be used for granting purposes.*

| Family Size | 2026 Income | Check Appropriate |
|--------------|-----------------------------------|--------------------------|
| Individuals | \$15,960 | <input type="checkbox"/> |
| Family of 2 | \$21,640 | <input type="checkbox"/> |
| Family of 3 | \$27,320 | <input type="checkbox"/> |
| Family of 4 | \$33,000 | <input type="checkbox"/> |
| Family of 5 | \$38,680 | <input type="checkbox"/> |
| Family of 6 | \$44,360 | <input type="checkbox"/> |
| Family of 7 | \$50,040 | <input type="checkbox"/> |
| Family of 8 | \$55,720 | <input type="checkbox"/> |
| Family of 9+ | Add \$5,680 for each extra person | <input type="checkbox"/> |

How did you hear about the Senior Center?

Friend Newsletter Website
 Senior Scene Other If other, where?

Hobbies, Interests & Favorites

Please share what interests and/or hobbies you have as well as your favorite songs, movies and plays.

Volunteering

The Senior Center uses volunteers in many areas, such as at the front desk, teaching classes, decorating, and many more ways. Catholic Community Services also uses volunteers for serving lunch and helping in the kitchen.

Would you consider volunteering? Yes No

If so, in what area would you like to volunteer? Teach class Provide Entertainment Front Desk
 Meal Taxes Teach Exercise Lead Game

Help Us Grow Our Calendar!

We are always looking to add new and exciting classes to our schedule. After you've had a chance to look over this month's calendar, we'd love to hear your ideas. Please fill out a suggestion form and drop it in the box!

Thank you for completing this form!



Wellness Liability Release

(253) 756-0601

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WELLNESS PROGRAM AGREEMENT AND RELEASE OF LIABILITY

In consideration for the privilege of participation in the Wellness Program (the “Program”) and use of either the MJ Wicks Family Wellness Center or the Pt. Defiance~Ruston Senior Center (“the Facility”), the undersigned enters into this **Waiver and Release of Liability** (the “Agreement”). As it is used herein, the term “Franke Tobey Jones” shall include the Program, the Facility, and all agents, servants, employees, insurers, successors and assigns of Franke Tobey Jones.

1. I hereby **WAIVE** and **RELEASE** Franke Tobey Jones from **ALL CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES OR SUITS** at law and equity of whatsoever kind, including but not limited to claims for personal injury, property damage, medical expenses, loss of services, on account of or in any way related to or growing out of my presence at the Facility, use of the Facility and/or equipment, or participation in the Program. I acknowledge that Franke Tobey Jones is not responsible for lost or stolen property within the Facility. This is not intended to release Franke Tobey Jones from any liability resulting from its intentional conduct or gross negligence.

I have read, understood, and accepted the conditions of paragraph 1 above. **Initial:** _____

2. I understand that if, for any reason, I am or have been under medical supervision or if I have not exercised regularly in the recent past, that a doctor’s approval should be obtained prior to use of the Facility’s equipment and/or participation in the Program. I understand and agree that it is my sole responsibility to obtain a doctor’s approval. By signing this Agreement, I represent and acknowledge that I have either had a physical examination and been given my physician’s permission to participate, or that I have decided to participate in activity and/or use of the Facility without the approval of my physician. I understand that strength, flexibility, and aerobic exercise, including the use of equipment, is potentially a hazardous activity; I also understand that fitness activities involve a risk of injury or death, even if I have obtained a doctor’s approval to participate, and that I am voluntarily participating in these activities and using the equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, including death.

I have read, understood, and accepted the conditions of paragraph 2 above. **Initial:** _____

3. I recognize that the Facility and activities therein may not be supervised, and I use the Facility and participate in the activities entirely at my own risk. In addition, I understand that Franke Tobey Jones reserves the right, in its sole discretion, to remove me from the Program or otherwise prohibit me from using the Facility for any reason, including exhibiting conduct that is considered irresponsible, inappropriate, offensive, or intimidating in the sole discretion of Franke Tobey Jones. I agree that my sole remedy against Franke Tobey Jones is a claim for return of the unused portion of the fees paid.

I have read, understood, and accepted the conditions of paragraph 3. **Initial:** _____

4. I further covenant and agree not to institute any claims or legal action against Franke Tobey Jones for any claim released by this Agreement. I further agree that should any claim be made against Franke Tobey Jones in contravention of this Agreement, including but not limited to derivative claims. I will protect, defend, and completely indemnify (reimburse) Franke Tobey Jones for any such claim and expenses including attorneys’ fees and costs incurred by Franke Tobey Jones in defending itself or security indemnity thereunder. Venue for any dispute shall be Pierce County, Washington.

I have read, understood, and accepted the conditions of paragraph 4 above. **Initial:** _____

I have read the entire Agreement above and understand that by signing the Agreement I have consented to be bound by its terms, including the **WAIVER AND RELEASE OF LIABILITY** and any other legal right I may have to sue Franke Tobey Jones, and the **INDEMNIFICATION** of Franke Tobey Jones for reimbursement of any costs it incurs because of a claim or legal action brought in violation of this Agreement. I have read the rules and regulations governing the use of the Facility, and I agree to fully comply with all rules and regulations, including any amendments.

Name: (Please Print Legibly) _____

Signature: _____ **Date:** _____



Code of Conduct

(253) 327-1228

Pt. Defiance-Ruston

Operated by Franke Tobey Jones

PURPOSE OF CODE OF CONDUCT

The purpose of this Code of Conduct is to promote a pleasant atmosphere of cooperation and support at the Pt. Defiance-Ruston Senior Center and to assure participants of a safe and friendly environment.

CODE OF CONDUCT

All participants shall conduct themselves in a manner which will maintain a safe, pleasant, considerate, and friendly atmosphere.

VIOLATIONS OF CODE OF CONDUCT

The following are examples of violations of the Code of Conduct:

- Alcohol abuse, tobacco use within 25' of the door, or illegal drug use.
- Discrimination (see non-discrimination policy)
- Use of lewd or profane language.
- Abusive behavior including, but not limited to, verbal harassment, menacing actions, physical violence, sexual harassment.
- Destruction, damage, or theft of property at the Center or program site.
- Discussions about politics or religion.
- Interference with the operation of classes, programs, or services.
- Interference with the activities of other participants.
- Interference with the work of staff.
- Poor personal hygiene which interferes with participation of others in programs or activities.



Code of Conduct Receipt

(253) 756-0601

Pt. Defiance-Ruston

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CODE OF CONDUCT RECEIPT

I _____, acknowledge that I have read the Pt. Defiance-Ruston Senior Center Code of Conduct:

All participants shall conduct themselves in a manner which will maintain a safe, pleasant, considerate, and friendly atmosphere.

I further acknowledge that I have been provided with a copy of said Code of Conduct and that I fully understand said code; and that I have had ample opportunity to ask questions regarding said code.

By signing this document, I agree that I will abide by the Pt. Defiance-Ruston Senior Center Code of Conduct. Should it become necessary, any violations to this contract will refer to the code of conduct procedures related to resolving violations including, but not limited to, the following: verbal and/or written warning, requested departure from the Senior Center, temporary and/or permanent exclusion from the Senior Center.

Signed this day, the _____ of _____, 20_____.

Printed Name: _____

Signature: _____



Resolving Violations

(253) 756-0601

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PROCEDURES FOR RESOLVING VIOLATIONS

1. Staff shall advise the participant that the behavior is a violation of the Code of Conduct.
2. When appropriate, staff shall work with participant or the participant's guardian to try and resolve the situation.
3. Center participants/volunteers/staff should report any violations of the Code of Conduct to the Director or Assistant.
4. The participant may be asked to leave the facility or program if the conduct does not stop.
5. Public safety officials may be called if the above procedures fail to halt the disruptive behavior.
6. Temporary or permanent exclusion from the program or facility is permitted for the Code of Conduct violations. Length of exclusion will be determined by severity of offense and if offense is repeated or habitual.
7. A written report of any verbal or written warnings and exclusion shall be prepared by the Senior Center staff and a copy forwarded to the Director.
8. This Code of Conduct shall be made available to participants and clearly posted.

APPEAL OF ANY DECISION

Appeal of any decision may be made in writing to the Director. If the participant has an unsatisfactory resolution at this level, he/she may appeal in writing to the CEO of Franke Tobey Jones for a final ruling concerning enforcement of the Code of Conduct. The latter letter should be sent to:

Franke Tobey Jones
5340 N. Bristol St.
Tacoma, WA 98407

If the participant has an unsatisfactory resolution at this level, he/she may appeal in writing to the Pierce County Human Services Disability and Resource Center for a final ruling concerning enforcement of the Code of Conduct.

Aging and Disability Resources
1501 Market St.
Tacoma, WA 98402

If you have questions regarding this Code of Conduct, please contact the Director at (253) 756-0601.



FRANKE TOBEY JONES

POINT DEFIANCE~RUSTON SENIOR CENTER

Enjoy your age

Photography Release Form

For and in consideration of my participation in activities at FRANKE TOBEY JONES and Pt. Defiance~Ruston Senior Center, I hereby agree as follows.

I acknowledge this document as an agreement between FRANKE TOBEY JONES and myself regarding participation in approved activities in which I may be photographed or videotaped from time to time. I understand that every effort will be made to abide by my wishes as indicated below; however, I understand that there may be times in which I may inadvertently appear in a photograph. For valuable consideration received, I hereby irrevocably and in perpetuity agree to hold harmless FRANKE TOBEY JONES, and all of its affiliates, employees, agents, representatives, successors and assigns, from any and all claims or causes of action of any nature (known or unknown) arising out of my participation in any activity and publication of subsequent photographs in which media of any kind is a result of such activity.

I hereby agree that I will not bring or consent to others bringing claim or action against FRANKE TOBEY JONES should any and all media that might be published in conjunction with activity participation herewith, defamatory, reflects adversely on me, violates any other right whatsoever, including, without limitation rights of privacy and publicity.

As previously stated, we will make every effort to honor your request as stated below; however, if media is inadvertently published, I release FRANKE TOBEY JONES, its employees, directors, officers, successors, and assigns from and against any and all claims, demands, actions, causes or actions, suits, costs, expenses, liabilities and damages whosoever that I may hereafter have against FRANK TOBEY JONES in connection with any media where I am so pictured.

FRANKE TOBEY JONES shall have the right to assign its rights hereunder without your consent, in whole or in part, to any person, firm or corporation.

AGREED TO AND ACCEPTED this _____ day of _____, 20_____.

_____ I agree and confirm that photos may be taken and published of me during any and all activities in which I participate.

_____ I do not want my photo published.

Print Name of Participant _____

Participant Signature _____

Telephone Number _____