

Living Well with Chronic Conditions



FREE 6 week workshop

Manage your Condition, Improve your Health & Feel Better

Diabetes, Arthritis, Hypertension, Asthma, COPD, Heart Conditions & Others

Learn about:

- **Self Management Plans**
- **Exercise & Nutrition**
- **Relaxation Techniques**
- **Managing Pain, Fatigue & Other Symptoms**
- **Working More Effectively with your Doctors**
- **...and much more!**

- ❖ **Evidence based program, developed at Stanford University**
- ❖ **Meet others living with chronic conditions**
- ❖ **Also helpful for caregivers**

Location & Dates:

San Mateo Senior Center

2645 Alameda de las Pulgas, San Mateo, CA

650.522.7490 (sign up in person or online)

Dates: Sept. 18th - Oct 23rd , 2017 (Mondays)

Time: 9:30am-12pm

Activity #542029-A1

You will also receive the book “Living a Healthy Life with Chronic Conditions” and the CD “Time for Healing; Relaxation for Mind and Body”

in Partnership with:



City of San Mateo Parks & Recreation Department

Activity Registration Form

Resident* Nonresident

*individuals residing within the City of San Mateo property tax limits

Parent/Guardian _____ Date of Birth _____ (must be 18 yrs. or older)
or Adult Registrant

Home Address _____ City _____ Zip _____

Home Ph. _____ Cell Ph. _____ E-mail Address _____

Emergency Contact _____ Home Ph. _____ Cell Ph. _____

Participant Name	Date of Birth	Gender	Activity Code	Activity	Fee
			542029-A1	Living Well with Chronic Conditions	FREE
Yes, I'd like to donate to the Recreation Fee Assistance Program					\$
TOTAL					\$

WAIVER OF LIABILITY & PHOTO RELEASE: In consideration of participation in the City of San Mateo recreation program described above (the "Activity"), I the undersigned for myself and/or as the parent/guardian of the Minor named above, agree to indemnify and hold the City of San Mateo, it's elected and appointed officials, employees, and agents (the "City") harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I and/or the Minor may have or which hereinafter may accrue to me and/or the Minor against the City from and against any liability arising out of or connected in any way with my and/or the Minor's participation in this Activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and/or the above named Minor and to release and to hold harmless all of the persons or entities mentioned above whom (though negligence or carelessness) might otherwise be liable to me and/or the above named Minor (or my/our heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption or risks has been freely entered into and is to be binding on my/our heirs and assigns.

I have read and agree to the registration and program policies. Further, I agree to allow use of my image and/or that of the named minor, which may be captured through video, photo, digital camera or other media, for City of San Mateo promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Check the appropriate space(es) and sign: Participant (over 18) Parent Legal Guardian

Print Name: _____ Name of Participant: _____

Signature Required: _____ Parent/Guardian, if under 18: _____



Class/Program Modification Request: We encourage and support the participation of individuals with all ability levels in programs and services. This includes those with disabilities, and in need of reasonable program modifications in order to participate. Please complete the statement:

I am requesting a reasonable program modification for the class/program(s) listed on this registration form. Yes No

Participants Name _____ Date: _____

Check Enclosed: Total Amount \$ _____ Make Check Payable to: **City of San Mateo**

Card Number _____ CRV Code _____ Exp _____ Billing Zip Code _____

  Total Amount \$ _____ Card Holder Signature _____

Enroll now: www.sanmateorec.org