



**MidCoast Health System,
Mid Coast Medical Clinic,
El Campo Memorial Hospital &
Palacios Community Medical Center**

Presents

Senior TREK

(Travel, Recreation, Entertainment, Knowledge)

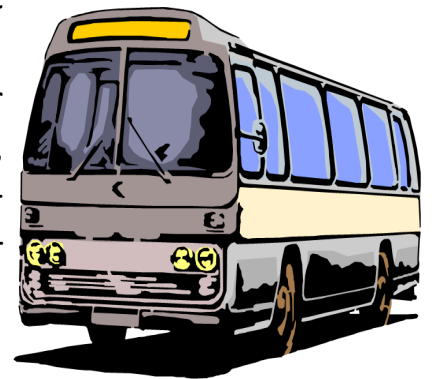
Active adults and Senior Citizen's 55 years and older are encouraged to join and enrich their lives. Sign up for Senior TREK and you'll receive information on upcoming bus trips, activities, entertainment and more. Registration forms are available at the MidCoast Well Care—Wharton (10358 Hwy 59 #A, Wharton - In front of Wharton Walmart), El Campo Memorial Hospital, Palacios Community Medical Center and Mid Coast Medical Clinic. Senior TREK registration fee is only \$10.00 per year (year runs January—January).

Members that are active patients at Mid Coast Medical Clinic (MCMC), PCMC or the Wharton Walk-In Clinic will receive special perks, discounts, priority boarding and other advantages throughout this program.

Sign-up is required on all trips and programs, even when the program is free. We will need an accurate headcount on all activities to ensure that we have ample space and materials. Completed registration and release forms will be required on all participants.

This program is planned to deliver fun and rewarding social experiences to the senior patients of MidCoast Health System and Mid Coast Medical Clinic and affiliates and the community.

Individuals can contact Carol Wootton, Marketing/Senior Program Coordinator at 979-533-2390 or Donna Mikeska, Marketing Coordinator for more information and registration 979-578-5261 or the hospital main line at 979-543-6251 ext. 261.



**Live Your Life
And Forget Your Age!**

Mid Coast Medical Clinic Senior TREK Registration Form 2024-2025

HOLD HARMLESS AGREEMENT

Name	Date of Birth
Address	_____ Male ___ Female
City	State
Zip Code	Home Phone
Cell Phone	Email
Emergency Contact Person	Emergency Contact Number
Emergency Contact Cell Number	Social Security No <i>Optional—this is only used in our system to locate if you are an active patient of MidCoast Health System.</i>

Enclose your \$10 Membership Fee with the contract.

The undersigned is aware that there are certain inherent risks involved in participating in the Mid Coast Medical Clinic Senior TREK/El Campo Memorial Hospital programs, including but not limited to the risk of theft or damage to my property, and the risk of personal injury from participation in these programs. On behalf of myself and in consideration of my being granted permission to participate in these activities and use the facilities of Mid Coast Medical Clinic and/or other activities and services provided by Mid Coast Medical Clinic/El Campo Memorial Hospital its agents and employees, I, on behalf of myself, my executors, administrator, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify Mid Coast Medical Clinic/El Campo Memorial Hospital and all of its officers, departments, agencies, volunteers, agents, and employees from any and all claims, (except for claims based on malicious conduct by Mid Coast Medical Clinic/El Campo Memorial Hospital officers and employees), lessees, damages, injuries, fines, penalties, and costs, (including court costs and attorney's fees) charges, liabilities, or exposures, however caused, resulting from, arising out of, or in any way connected to my or my family's participation in the program and/or use of a MCMC/ECMH facility. I have read and understand this HOLD HARMLESS AGREEMENT, and by my signature below agree to its terms.

EMERGENCY TREATMENT: Mid Coast Medical Clinic/El Campo Memorial Hospital has permission, in the event of an emergency, at my expense, to utilize the most convenient rescue squad or ambulance to transport me to the nearest hospital.

PHOTO RELEASE: I hereby give permission without restrictions to Mid Coast Medical Clinic/El Campo Memorial Hospital and its assignees to photograph, film or videotape myself and my family during participation in MCMC/ECMH activities/programs and use of MCMC/ECMH facilities. Photographs may be used to promote MCMC/ECMH activities.

Yes _____ No _____

PERMISSION TO SHARE INFORMATION: MCMC/ECMH staff has permission to seek out and share information with other entities as deemed necessary.

Yes ___ No _____

Signature: _____ Date: _____

Return payment and completed form to

El Campo Memorial Hospital, 303 Sandy Corner Road, El Campo, 77437
 or drop off at the hospital in an sealed envelope with "Name & Senior TREK" on outside of envelope
 and ask the receptionist to put it in Donna Mikeska's Mail Box,
 or drop off at the Mid Coast Well Care—Wharton out in front of the Wharton Walmart
 (10358 Hwy 59 #A, Wharton)