

SAMPLE PAGE

BANKS COUNTY SENIOR CENTER
CLIENT AGREEMENT

I, _____, have access to a copy of the Banks County Senior Center Client Handbook. I have been given the opportunity to ask questions. I understand my rights and responsibilities as a Banks County Senior Center client, and agree to comply with the rules and regulations established.

I further understand that failure to comply with the Client Handbook guidelines may result in the loss of services to me and/or the discontinuation of my opportunity to participate in Banks County Senior Center activities.

Client's Signature

Date

Banks County Senior Center Director

Date

Place the name, address and phone number of the senior center at the bottom of this page.