

Midweek Walkers

Thank you for registering for an Everett Parks and Recreation Walking tour. This handout will help you prepare for the trip, and give you an idea of what to expect.

THINGS YOU SHOULD KNOW

- Most trips go as scheduled, but sometimes conditions force us to make changes. Be sure we have reliable **DAY** and **EVENING** phone numbers for you, so we can alert you to any changes ahead of time.
- These walks are designed to be short (1½ - 2½ hours of leisurely-paced walking), mostly level, and relatively easy. Sometimes there are short hills or rough surfaces, but we don't get into any strenuous hiking.
- Try to arrive a little early on the morning of the trip. We need you to fill out a hold harmless form, and you'll need time to unload your gear and get it into the van. If we must wait for people who are late, we are unfairly depriving the rest of the group of time they would like to have for walking.
- If you decide to cancel at the last minute, and it's after regular office hours and you cannot reach anyone at the Parks Department, **PLEASE DON'T JUST BE A NO-SHOW!!!** You can leave a voice mail at 425-257-8319. The trip leader will be able to retrieve your message on the morning of the trip. **IMPORTANT:** You may only use that voice mail number within 24 hours of the departure time of the trip. Cancellations prior to that **MUST** be through the Recreation Office (425-257-8300).

THINGS THAT WE PROVIDE

- ♦ Transportation-- You'll travel to and from the trip in a nice, comfortable, 15-passenger van.
- ♦ Trip Leader-- Our experienced leaders will see to it that you have a safe, enjoyable and informative time.

THINGS THAT YOU SHOULD BRING

- ✓ Comfortable walking shoes – lightweight boots or sturdy walking shoes that provide a little extra support are recommended. Trails may be muddy, and concrete is hard and requires a little cushioning.
- ✓ Clothing to keep you warm and dry. We take trips year-round, and conditions may vary – it is important not to let a little rain bother you. A good rain jacket goes a long way toward keeping you comfortable.
- ✓ Hat – Good for sun or rain protection
- ✓ Water– Slip a water bottle into your pocket or bring a small daypack.

THINGS WE RECOMMEND YOU BRING

- ✓ Food (pocket snacks, fruit etc.). We generally don't plan a lunch stop, so grab a snack when you need it.
- ✓ Sunscreen and sunglasses
- ✓ Toilet paper -- you never know
- ✓ Hiking stick or trekking pole(s) – mainly depends on the person and the condition of the walking path. If you don't have your own, we do provide them at no extra charge.

A FEW FINAL NOTES

- When driving to and from the trip, we try to be accommodating in regards to restroom stops. If you need a stop, don't be afraid to speak up.
- We try to make it back to Everett by the scheduled return time, but the unpredictable nature of outdoor trips sometimes makes this difficult, so we ask for your patience and understanding. If you get in a jam because of a late-returning trip, it is usually possible to make a call on the van's phone.
- **All participants should be aware of the Parks Department Refund policy.** It is printed in the quarterly guide. **Full refunds or credits are not issued within 2 weeks of trip departure dates.** If you have any questions or concerns regarding the trip, we encourage you to call us at (425) 257-8300, option 2. Office hours are Mon.-Fri., 9 am–5:30 pm.

FOR CANCELLATIONS WITHIN

*24 HOURS OF TRIP DEPARTURE TIME,
LEAVE MESSAGE AT (425) 257-8319*

EVERETT PARKS AND RECREATION DEPARTMENT

Program: **2017 Programs,**

Instructor: **All**

Participant: _____ Age: _____ Birth Date: ____/____/____

Address: _____ City _____ Zip _____

Home Phone: (____) _____ Cell: (____) _____

MEDICAL HISTORY

Do you have or have you had any of the following: (Please indicate with a check mark √.)

If yes, please indicate what precautions should be taken.

- | | | |
|--------------------------|----------------------------|---------------------------------------|
| _____ Any Heart Problems | _____ High Blood Pressure* | _____ Diabetes |
| _____ Stroke | _____ Low Blood Pressure* | _____ Excessive Bleeding |
| _____ Anemia | _____ Circulatory Problems | _____ Hepatitis |
| _____ Nervous Problems | _____ Psychiatric Care | _____ Ulcer |
| _____ Malignancies | _____ Radiation Treatments | _____ Measles |
| _____ Typhoid Fever | _____ Tuberculosis | _____ Allergies to Anesthetics |
| _____ Tonsillitis | _____ Sinus Problems | _____ Allergies to medications/ drugs |
| _____ Asthma | _____ Arthritis | _____ Allergies to: |

Please describe any current medical treatment, impending operations, or any other medical or dental information that may possibly affect your treatment (including prescription medications). _____

EMERGENCY CONTACT

Name _____ Relationship _____

Phone (Day) _____ Cell _____ Phone (Evening) _____

CAUTION! PLEASE READ CAREFULLY. WAIVER OF LIABILITY/RELEASE.

To the fullest extent permitted by law, in consideration of the City of Everett granting me/my child the opportunity of attending or participating in **Everett Parks Recreation Programs** for the purpose of leisure enjoyment; and recognizing the fact that no benefits are derived by the City of Everett by allowing me/my child to attend or participate, I hereby release and hold harmless the City of Everett, its officers, employees, agents and volunteers from any and all liability claims, damages, costs, and expenses for both personal injury and/or property damage which may arise as a result of my or my child's participation in the program. I agree to assume all risks associated with the program.

In case of any emergency, and you are unable to contact me/us and/or you believe it is necessary to obtain the services of a doctor and/or hospital without first contacting me/us, I hereby authorize you and my doctor or hospital to immediately render all services and treatment deemed necessary at my/our expense.

I certify that the above information is true, correct, and complete. I understand that I/my child may become ineligible for any misrepresentations, falsifications or omissions in the above statements.

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release printed above.

★ _____
 Signature of Participant or Parent/ Guardian if participant is under 18 _____ Date _____

PHOTO/VIDEO RELEASE: I hereby grant permission and authorize the City of Everett to use, publish, copyright, and re-publish my photograph/video or my child's photograph/video in whole or in part, unchanged or modified, in all media that exists now or later, for purposes of promoting, describing and advertising City facilities and events and programs sponsored by the City of Everett. I also release and waive any and all claims against the City for such use, publication and re-publication. I have read, understood, and voluntarily accepted the conditions of the Photo/Video Release printed above.

★ _____
 Signature of Participant or Parent/ Guardian if participant is under 18 _____ Date _____ 

REGISTRATION NOT VALID WITHOUT SIGNED WAIVER

I hereby affirm that the information on this Hold Harmless and Medical History is current and correct.

2017

	DATE	TRIP DESTINATION	LEADER	PARTICIPANT SIGNATURE
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