

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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