



EVERETT PARKS AND RECREATION DEPARTMENT

Program: **ALL 2017 Programs**

Instructor: **All**

PLEASE PRINT LEGIBLY

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

Address: _____ City _____ Zip _____

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

MEDICAL INFORMATION

Have you ever or do you currently have any medical conditions (asthma, heart condition, diabetes, etc.) that may affect your ability to participate in Everett Parks Programs? Yes No If so, please describe the condition(s) and any medications you are currently taking for it.

Do you have any allergies? Yes No If so, please list them below.

Please inform the instructor of this program of any other conditions that may limit your ability to participate prior to the beginning of the program.

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 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 photography of my/ 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

OVER

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 SIGNED	PROGRAM – PROGRAM DATES	INSTRUCTOR	PARTICIPANT SIGNATURE
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