



**Redmond Parks and Recreation Department
Medical Information and Authorization**

Please fill out and bring to first class. Copies of this form are acceptable.

(Please print)

Program Name _____ **Program Date(s)** _____

Participant's Name _____

Home Phone _____ Birth Date _____ Age _____

Email Address _____

Address _____ City/Zip _____

Parent/Guardian _____ Work Phone _____

Address _____ City/Zip _____

Emergency Contact:

Name _____ Phone _____ Relationship _____

Doctor/Hospital _____ Phone _____

Special Information: Medication, allergies (bee sting, foods, etc.), limitations, surgery, heart, etc.

Waiver of Liability: Should an emergency occur, for which I cannot be contacted, I/we will allow my/our child to be treated by a hospital, physician, or other certified medical personnel in the event of injury, accident, or illness. I/We further agree to assume all risks and hazards incidental to such participation, including transportation to and from the activities and do hereby waiver, release, absolve, indemnify, and agree to hold harmless City of Redmond Parks and Recreation Department, park supervisors, instructors, volunteers, and authorized persons transporting myself or my/our child for any claim arising out of any injury to myself or my/our child, except injury caused by or resulting from the sole negligence or concurrent negligence of the City or its agents. *I also authorize the use of photographs and/or videotapes of my child/children/ward or myself as part of the City of Redmond promotions.*

If you do not want your photos or videos published, please check the box, and give this form to the instructor on the first day of class.

Signature(s) _____ Date _____