

# Redmond Parks and Recreation

## Medical Information and Authorization

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



(Please print)

**Activity Name:** \_\_\_\_\_ **Activity Date(s):** \_\_\_\_\_

### Participant Information:

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

### Emergency Contact Information:

Primary Contact Name (Parent or Guardian): \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Contact Email Address: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary Contact Phone: \_\_\_\_\_

**Special Information:** medications, allergies, physical limitations, surgeries, heart conditions, 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, physical, 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 waive, 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 of its agents.

Photos or videos of the participant may be taken for internal or external purposes. External purposes may include print marketing or social media posts. If you wish to opt out and do NOT authorize the use of photos/videos of your child or yourself, please check this box.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_