

# Participant Information Form

## Movers & Doers 2014

Please Print Clearly

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address to send the monthly Movers & Doers Calendar:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address to send the monthly Movers & Doers Calendar:

\_\_\_\_\_

### Emergency Contact 1:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

### Emergency Contact 2:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

### Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Major Medical Issues:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In consideration of my participation in **THE CARSON CITY RECREATION DIVISION SPONSORED PROGRAM,**

I hereby agree to the following:

I acknowledge, understand and accept that there are inherent risks associated with participation in this program and that doing so could result in an injury or damage.

I acknowledge the fact that Carson City Recreation Division does not provide accident insurance to its program participants.

I acknowledge that all Recreation Division staff are mandated reporters.

I certify that, to the best of my knowledge, I am physically fit, and should this condition change at any time during the program, I will notify the administration of the Recreation Division immediately.

I agree to abide by all posted, written, or verbally communicated rules and regulations administered by the Recreation Division staff concerning this program.

I agree to indemnify and hold harmless and blameless Carson City, its officers, employees, or agents, from any and all liability from damages, loss or injuries, either to persons or property which I may sustain while engaged in the program or in connection with Carson City. I agree to reimburse or make good any loss, damage or cost that the City may have to pay if any litigation arises on account of any claim made by myself resulting directly or indirectly from participation in the program.

I understand there will be no refunds. Enrollment is limited. I authorize the Recreation Division to take, display, and publish photographs, slides, or video tapes for promotional and/or educational purposes.

I have read, understand and accept the term of this Hold Harmless agreement as outlined.

Participant/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_