



EVERETT PARKS AND RECREATION DEPARTMENT
HOLD HARMLESS AGREEMENT

Program: 2010 Programs, Trips & Tours

Instructor: All

In consideration of the City of Everett granting the undersigned the opportunity of attending or participating in the Everett Parks and Recreation Program, to be held from Jan. 1, 2010 to Dec. 31, 2010, for the purpose of leisure enjoyment; and the undersigned recognizing the fact that no benefits are derived by the City of Everett by allowing the undersigned to attend or participate. I, the undersigned, hereby release and hold harmless the City of Everett, its officer, employees and agents 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 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.

The undersigned agrees to release the City of Everett, its officers, agents, and employees, from any and all claims, suits, actions, damages, or compensation in any way related to the use and reproduction of photograph(s) taken of me which are used in City sponsored publications.

PLEASE PRINT LEGIBLY

Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_
Signature of Participant: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

[ ] Yes [ ] No I give permission for my minor child, \_\_\_\_\_ to be dismissed from Everett Parks Program without the presence of an adult.

MEDICAL HISTORY

Physician's Name \_\_\_\_\_ Date of Last Exam \_\_\_\_\_

Do you have or have you had any of the following: (Please indicate with a check mark [x].)

- 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
Mumps Rheumatic Fever Scarlet Fever
Typhoid Fever Tuberculosis Allergies to Anesthetics
Tonsillitis Sinus Problems Allergies to medications/ drugs
Asthma Arthritis Allergies to: \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ \*Blood Pressure: S \_\_\_ /D \_\_\_ / \_\_\_ Blood Type (if known) \_\_\_\_\_

Please describe any current medical treatment, impending operations, or any other medical or dental information that may possibly affect your treatment (including prescription medications). \_\_\_\_\_

If any of the above are checked, are there special precautions staff should take? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate what precautions should be taken. \_\_\_\_\_

EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_
Phone (Day) \_\_\_\_\_ Cell \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

I hereby affirm that the information on this Hold Harmless and Medical History is current and correct.

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



2010

	DATE	TRIP DESTINATION	LEADER	PARTICIPANT SIGNATURE
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