

General Release and Medical Information Form

Please complete and bring this form to the first day of the recreation activity. All program participants must sign this form. A parent or legal guardian must sign for all participants under age 18. Only one form needs to be completed for the calendar year. If you have questions, please call the Recreation Center at (425) 670-5732, or the Senior Center at (425) 670-5050.

GENERAL INFORMATION:

Participant Name _____ Birthdate _____ Age _____
 Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 E-mail Address _____
 Parent/Guardian Name _____

Contact person in case of an emergency:

Name _____ Relationship _____
 Daytime Phone _____ Cell Phone _____

MEDICAL INFORMATION:

Are you physically capable of participating in the activity? _____
 Other precautions, medical conditions or important information about your health? _____
 Do you currently take any medication? No Yes (List medications: _____)
 Do you have allergies? No Yes (List allergies: _____)
 Allergic to any medications? No Yes (List allergies: _____)
 Name of Physician _____ Phone _____
 Medical Insurance Provider _____ Member Policy # _____
 Name of Insured _____

I acknowledge that participation in recreational activities can be dangerous, involving risk of physical injury, including temporary and permanent damage. In consideration of participation in City of Lynnwood ("City") recreational activities, on behalf of myself, my marital community (if any), my child, or any person for whom I am legal guardian, I release and hold harmless the City, its elected and appointed officials, employees and volunteers, organizers and sponsors, from any and all liability, causes of action, and claims of any kind or nature arising from or connected in any way with my or my child's participation in City recreational activities or related activities, including transportation to and from such activities. My signature hereon and my participation in City of Lynnwood recreational activities constitutes my consent to any emergency first aid considered necessary by any City employee and to any medical or surgical treatment considered necessary by an attending physician of a hospital furnishing medical care; and I agree to accept financial responsibility for such care. I understand that City employees and volunteers cannot be responsible for administering medications and no liability shall attach to the City or its employees for not administering medications. Reasonable efforts will be made to contact parents or guardians if the participant suffers serious illness or accident. My signature hereon constitutes my consent on behalf of myself or my minor child, or child or adult for whom I am legal guardian, to participate in City recreational activities.

Participant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

***Parent or guardian must sign if participant is
 a minor or an adult whose capacity to provide consent is limited by actual or legally determined incapacity.***

Please be advised that all participants involved in Parks, Recreation and Cultural Arts programs are subject to being photographed, and such photographs may be used to publicize programs.

If you require accommodation to successfully participate in our programs. Please call (name) prior to the start of the activity so that we can determine how to best serve your needs. Please note that accommodations are most successful when we are notified as far in advance as possible.

If you would like someone else other than yourself to pick up your child please list their name, relationship to child and phone number on this form in the space below.

NAME	RELATIONSHIP	PHONE NUMBER