

# City of Pullman-Parks & Recreation Teen Activities

## Medical Information Form - PLEASE PRINT

Activity: \_\_\_\_\_ DATE: \_\_\_\_\_

Participants Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name	Relationship	Day Phone	Evening Phone

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID Number: \_\_\_\_\_

**Special Medical Instructions:** regarding allergies, chronic illnesses, regular medication, allergies to medicines, learning difficulties, or physical problems, \_\_\_\_\_

**Parent Release:**

Liability and Medical Release Agreement: I, the undersigned adult, on behalf of myself and my child(ren) assume all risks and hazards reasonable related to the conduct of the program. Further, I do hereby release and hold harmless the City of Pullman, its elected and appointed officials and employees, and organizer, sponsor, supervisor, contracted facilitator, or any volunteer connected with the program from any and all claims, injuries, damages, losses and suits, including attorney fees, arising out of or in connection with the program. I acknowledge that I have familiarized myself with the description of the activities, understanding the hazards and my child(ren)'s personal limitations, and knowingly assume all risks. In the event of an medical emergency, I authorize transportation to the nearest appropriate medical facility, and authorize emergency medical care if no one listed on the MIF (Medical Information Form) can be reached. If applicable, I authorize City of Pullman program facilitators, to administer medication to my child as outlined on the MIF form, and release from all liability said facilitators for any injury resulting from the administration of those medications, provided all medications are administered in accordance with the schedule and conditions. In the absence of a signature, payment of fee and participation in the program shall constitute acceptance of the conditions set forth in this release. I grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for any City of Pullman informational or promotional use.

\_\_\_\_\_  
 Parent/Guardian Printed Name                      Parent/Guardian Signature                      Date

**Participant Waiver & Release:**

I am fully aware of the special dangers and risk inherent in the activity, including physical injury, death, or other consequences that may arise or result directly or indirectly from the activity. Being fully informed as to these risks and in consideration of the privilege of participating in the city's teen activities, I hereby assume all risk or injury, damage, and liability and waive any right of recovery from or to bring suit against the City for any personal injury, death, or other consequences arising out of my voluntary participation of the activity, exempt for the sole negligence of the City.

\_\_\_\_\_  
 Participant Printed Name                      Participant Signature                      Date