



Senior Programs Waiver of Liability/Participant Information Form

City of Tucson Parks and Recreation Department

CLUB NAME _____ SITE _____

This information must be filled out completely with current information, signed and turned in before the participant will be allowed to attend the program. This form is used for all recreation programs and is for the health and safety of the participant. If some questions do not apply, please indicate with "N/A."

PERSONAL INFORMATION

PARTICIPANT'S NAME _____ PHONE _____

LOCAL RESIDENTIAL ADDRESS _____ ZIP _____

DATE OF BIRTH _____ AGE _____ MALE FEMALE

DO YOU HAVE A DISABILITY THAT REQUIRES ASSISTANCE? _____ YES _____ NO

PHYSICAL LIMITATIONS/RESTRICTIONS (ACTIVITY OR DIET) _____

EMERGENCY INFORMATION

CONTACT NAME _____ RELATIONSHIP _____

ADDRESS (IF DIFFERENT) _____

HOME PHONE _____ WORK PHONE _____ PAGER OR MOBILE _____

PHYSICIAN'S NAME _____ PHONE _____

MEDICAL COVERAGE _____ GROUP ID # _____

PREFERRED HOSPITAL _____

EMERGENCY CLAUSE

I hereby give my permission to employees of Tucson Parks and Recreation Department to secure proper medical care for myself as deemed necessary. This permission extends from minor first aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery and other medical procedures deemed necessary.

_____ I do _____ Initial

MEDIA RELEASE

I hereby grant the Tucson Parks and Recreation Department permission to record my likeness and/or voice for use in television, films, radio or printed media to further the aims of the Parks and Recreation Program in related campaigns and magazine articles, booklets, posters and in other ways they may see fit.

I do I do not Initial

RELEASE CLAUSE

The undersigned hereby releases and holds harmless the City of Tucson, its Mayor and Council and any officers, employees or agents thereof, including without limitation the Tucson Parks and Recreation Department from any and all claims, liabilities or demands whatsoever arising or claimed to have arisen out of the enrollment or participation in any program by the participant herein.

X _____ /_____/_____
SIGNATURE OF RESPONSIBLE PARTY **DATE**

The City of Tucson assures that all facilities and services are available for public use without regard for race, color, religion, ancestry, sex, age, disability, national origin, sexual orientation or marital status. If anyone believes he or she has been subjected to discrimination on these bases, he or she may file a complaint alleging discrimination with either, the Tucson Parks and Recreation Department or the Office for Equal Opportunity, U.S. Department of Interior, Washington, D.C. 20240.