

Queensbury Parks & Recreation Health Information and Hold Harmless Agreement

Please complete this form prior to your participation in our exercise program. The information in this form would be used to assist medical personnel in an emergency. If you have any concerns with your ability to participate in class, or if you need to request modifications, please discuss that with your instructor in person. Please complete this form again if any of the information below changes.

Full Name:

Date of Birth:

Gender: Male Female Prefer not to say

Emergency Contact (Full Name & Phone Number):

Medications You Currently Take:

List Any Known Allergies:

Please Check Any Medical Concerns That Apply (currently or in recent medical history):

- | | |
|--|---|
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Lung problems |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Other: | |

Hold Harmless Agreement

The undersigned hereby agrees to indemnify, save harmless, and waives liability of the Town of Queensbury, the Town Board, and Parks & Recreation Department, employees and volunteers thereof, for any responsibility should an accident or injury occur to the undersigned participant as a result of participation in any program sponsored by the Queensbury Parks & Recreation Department or while using recreation program facilities.

Signature:

Date:

Thank you for completing the **Health Information and Hold Harmless Agreement**. Please submit this form directly to Queensbury Parks & Recreation.