This is a 2-page form.
Please complete other page.

CITY OF CARPINTERIA
RECREATIONAL PROGRAMS
EMERGENCY MEDICAL RELEASE AND CONSENT FORM

Name of Child: _____ Age: _____

Name of Parent/Guardian: _____ Relationship: _____

Telephone: (Hm) _____ (Wk) ___(_____)_____
Area Code

Address: _____

City: _____ State: _____ Zip: _____

Medical Insurance Carrier: _____ Policy No.: _____

PERSON OTHER THAN ABOVE TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Telephone: (Hm) _____ (Wk) ___(_____)_____
Area Code

Address: _____

City: _____ State: _____ Zip: _____

DOCTOR'S NAME: _____ Phone: (_____)_____
Area Code

Address: _____

City: _____ State: _____ Zip: _____

PARTICIPANT'S HEALTH HISTORY

- ❑ Asthma
- ❑ Diabetes
- ❑ Epilepsy
- ❑ Frequent Stomach Upsets
- ❑ Frequent Colds
- ❑ Heart Condition _____
- ❑ Physical Disability _____
- ❑ Other _____

KNOWN ALLERGIES

- ❑ Hay Fever
- ❑ Insect Stings _____
- ❑ Drug Allergies _____
- ❑ Other Allergies _____

Date of last tetanus shot: _____

Names & Dosages of any **REQUIRED MEDICATIONS**:

_____

_____

Please explain **ALL** of the above **CHECKED ITEMS** in detail: _____

_____

_____

In the event that I cannot be reached in the event of an emergency, I hereby give my permission and authorization to the attending physician or dentist selected by emergency related personnel to hospitalize, to secure proper treatment, and/or order an injection, anasthesia, or surgery for my child or ward as deemed necessary.

Parent/Guardian Signature: _____ Date: _____

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CITY OF CARPINTERIA
RECREATIONAL PROGRAMS
LIABILITY RELEASE AND AGREEMENT NOT TO SUE

I, _____, fully understand that my and/or my child's participation in any City of Carpinteria recreational programs exposes me and/or my child to the risk of personal injury, death, or property damage. I hereby acknowledge that I and/or my child are voluntarily participating in the recreational programs and that transportation may be provided by the City using a 15-passenger van or other vehicle(s). I agree to assume any such risks for myself and/or my child.

I hereby release, discharge and agree not to sue the City of Carpinteria, for any injury, death, or damage to or loss of personal property arising out of or in connection with my participation in the recreational programs, including the active or passive negligence of the City of Carpinteria or any other participants in the recreational programs.

In consideration for being permitted to participate in the recreational programs, I hereby agree on behalf of myself and/or child, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Carpinteria from any and all claims, demands, actions, or suits arising out of or in connection with my or my child's participation in the recreational programs. Furthermore, I give my consent to the City allowing any photographs taken of me or my child while participating in any of the City's recreational programs to be used by the City for promotional purposes.

I have carefully read this release, hold harmless and agreement not to sue and fully understand its contents. I am aware that it is a full release of all liability and sign it willingly.

_____
Participant Name (Print)

_____ _____
Signature (Participant/Parent/Guardian) **Date**

_____
Parent/Guardian Name (Print)