



CHESTERFIELD COUNTY
PARKS AND RECREATION DEPARTMENT



Please fill out completely!

Participant Name:

Date Of Birth:

Activity:

Date of Course:

Medical Release Form

I understand that participation in this activity is, by nature, physically demanding. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or others who might depend on them.

- 1. What physical conditions, previous injuries or disabilities does the participant have which might limit his/her participation in this activity?
2. Is the participant taking any medications at this time? If so, what and for what condition? (Including pain relievers, allergy medications)
3. Does the participant have any allergies? (i.e., penicillin, bee, food, dust, hay) If so, please indicate:
4. Does the participant have medication to take in case of an allergy attack? Yes ___ No ___ Type (if yes, please have on hand.)

I have noted above any medical or physical conditions the participant has which might affect his/her activities and understand the nature of the physical demands of this activity.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the leader in charge to hospitalize, secure proper anesthesia, and to order injection, surgery or other medical treatment for myself as a participant or for my son, daughter or ward, as a participant.

I, therefore release any and all rights or claims for damages against the Chesterfield County Parks and Recreation Department and all individuals assisting in instruction and conducting these activities, for any and all injuries, loss or damage suffered by the participant at, or in any way connected with, these activities.

Assumption of Risk And Indemnification Agreement

The nature and scope of the activity listed above has been fully explained to me by the Chesterfield County Parks and Recreation Department. As a participant in this activity, I recognize that there are risks and dangers associated with this activity including, but not limited to, serious injury and/or fatality. I understand that Chesterfield County, its employees, volunteers, agents, heirs and assigns, operators, staff or instructors do not guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and of the other participants. In consideration of being permitted to engage in this activity, I assume all the risks and liability that may arise from my involvement and participation in this activity. I further agree to adhere to all Chesterfield County Parks and Recreations policies and regulations. I understand that these standards are intended to reduce the risks of injury of persons and destruction of property, but do not guarantee that personal injury or destruction of property will not occur.

I will hold harmless and fully indemnify the Chesterfield County Board of Supervisors, County employees, volunteers, agents, heirs and assigns from any and all claims, damages, actions, liability and expense now and in the future, in connection with any and all personal and bodily injury and/or damage or theft to my personal property, be it foreseen or unforeseen.

This Agreement is severable. It is enforceable as to the remaining parts, if any part is deemed unenforceable by law.

*Name:

*Address: City State Zip

*Telephone: (home) (work) (emergency - who and #)

*Medical Insurance Company: *Dr. Name:

*Participant Signature: Date:

Signature of Parent or Guardian, (if under 18):

** You may not attend without a completed and signed form. **