



**Adult Recreation Programs**  
**Liability Waiver & Medical Form**  
**Gymnastics open gym/playtime**

Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

2nd Parent Contact Info: Name \_\_\_\_\_ Relation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

I understand that active recreation programs involve inherent risk and possible injury because of the nature of the activities, even when conducted in a safe manner, and I hereby assume all responsibility for my child as listed above.

Injuries to participants in active recreation programs may occur from risks inherent in the activity; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or program rules; from the use of transportation associated with the activity; and from the administration of first aid. The severity of the injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death.

Each time I register for a recreation program with BIMPRD, I will tell my instructor about any limitations or medical restrictions on my child listed above.

In consideration for my acceptance as a participant, I agree to assume the risks, release and hold the Bainbridge Island Metropolitan Park District, its advisory councils, and their employees and agents harmless from claims for injuries and damages which may occur from or as a result of my child's participation in the program. I agree that this assumption of risk and release shall bind my heirs and estate. I/we will also abide by all rules set forth by the Bainbridge Park and Recreation District Gymnastics Program and acknowledge that if I/we do not follow these rules, our participation in this activity will be terminated.

I authorize all medical care which may be performed or prescribed for me by a licensed physician or hospital, when deemed immediately necessary or advisable by the physician to safeguard my health.

Additionally, I understand that recreation program participants sometimes appear in photos used for newsletters or other promotional materials related to BIMPRD activities. I will contact the District's main office at 206-842-2306 to ask that my likeness not to appear in these materials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Active Recreation Program

### Basic Medical Information:

Health Insurance Carrier \_\_\_\_\_ ID # \_\_\_\_\_

Primary Physician \_\_\_\_\_ Location \_\_\_\_\_

Major  
Illness/conditions: \_\_\_\_\_

Medications: (Needed for, dosage, freq.) \_\_\_\_\_

\_\_\_\_\_

Serious Allergies (Including food): \_\_\_\_\_

\_\_\_\_\_ Carries Epi-Kit? \_\_\_\_\_

Asthma (Triggers)? \_\_\_\_\_ Carries Inhaler? \_\_\_\_\_

Previous muscular, skeletal, head, neck, or back injury (Indicate related limits or concerns) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wears glasses? \_\_\_ Contacts? \_\_\_ Braces? \_\_\_ Retainer? \_\_\_

List any behavior challenges that may affect participation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other information for staff to be aware of: \_\_\_\_\_

\_\_\_\_\_