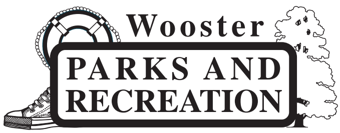

ADULT
Emergency Medical Information and Participation Waiver

241 S. Bever St, Wooster, OH 44691
330-263-5207

Program Code(s)
1.__________________
2.__________________

Name: ____

Address: ____ Phone: ____________________________

City: _____________________________________ State: ______ Zip: ________________ Birth Date: _________

*Email:____

*Cell Phone # & Provider:____

*Do you want to receive text messages regarding class/program changes, etc.? ___ yes ___ no

- Do you reside within the corporate limits of the City of Wooster? ____ yes ____ no
- Does an adult member of your household work within the corporate limits of the City of Wooster, thus paying City of Wooster income tax? ____ yes ____ no

1st Emergency Contact: ______________________________________ Relationship:______________________

Phone (day): _________________________________ (eve.) __________________________________

*2nd Emergency Contact: ______________________________________ Relationship:______________________

*Phone (day): _________________________________ (eve.) __________________________________

Primary Physician: ____ Phone: ______________________

Medical Information (current conditions & medications, allergies, etc.): ___________________________________

____

____

I: Authorization for Emergency Medical Treatment

I hearby give my consent for emergency medical treatment in the event I would be unable to give such consent while participating in programs sponsored and/or co-sponsored by the Wooster Recreation Department. Such treatment should be deemed necessary by an emergency medical physician only after substantiation by a second physician.

Signed: ____ Date: ______________________

II: Refusal of Emergency Medical Treatment (Do not complete if you completed part I.)

I DO NOT give my consent for emergency medical treatment in the event of illness or injury while participating in programs sponsored and/or co-sponsored by the Wooster Recreation Department.

Signed: ____ Date: _______________________

Participation Waiver

I do hereby acknowledge that I participate in the program(s) sponsored by the Wooster Recreation Department. I declare that my health and physical condition are adequate to meet the requirements of this program. I covenant and agree to indemnify and hold harmless the City of Wooster and its representatives and instructors against and from any and all costs, damages, or expense arising out of or from any accident or other occurrence causing injury to myself, or any other person or property during participation in the program(s).

Signed: ____ Date: ________________________

NOTE: All fields must be completed except for those with an asterisk. Fields with an asterisk are optional.