

PAWLING RECREATION HEALTH FORM – ADULT PROGRAMS

Name: _____ Birth Date: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Emergency Phone Number: _____

Have you ever had: (Check all that apply)

High Blood Pressure: _____ Chronic Illness: _____ Diabetes: _____

Pulmonary Problems: _____ Seizures/Convulsions: _____

Fainting Spells: _____ Emphysema: _____ Asthma: _____

Hypoglycemia: _____ Coronary Problems: _____ Cholesterol: _____

Back Problems: _____ Other: _____

Specify: _____

Currently Pregnant: _____

Do you smoke? _____

List any medications you now take: _____

Do you carry your medications? _____

Describe the amount and type of exercise in which you are currently involved: _____

Date of last complete medical exam: _____



Town Of Pawling
The Pride of the Harlem Valley

Town Hall
160 Charles Colman Blvd.
Pawling, New York 12564
845-855-4464

**Event Release-
Adult**

Date Submitted: _____

_____ does hereby covenant and agree to release and hold harmless the Town
Name of Participant
of Pawling, all of the Town's elected and appointed officers, employees, volunteers, and/or agents indemnity,
from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for
bodily injury and/or property damage, to the fullest extent permissible by law, arising out of my participation in
the _____.
Name of Program or Event

I understand participation in the _____ involves rigorous physical activity
Name of Program or Event
and risks of physical injury, and I assume these risks. I hereby give consent for transportation and
treatment of myself in the event of illness or injury. I hereby accept responsibility for the payment of any
transportation or treatment costs. I further certify that I in good physical condition, and I have no medical or
physical conditions that would restrict my participation in this event.

Name

Address

Phone

Signature