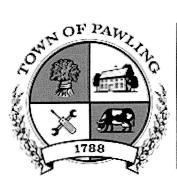
PAWLING RECREATION HEALTH FORM – ADULT PROGRAMS

Name:		Birth Date:
Address:		
Email Address:		
Home Phone:	Cell Phone:	and the state of the
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* _______ involves rigorous physical activity 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