# Adult Medical/Waiver Form

**Course #:** _____ **Course Name** _____ **Course Date(s)**_____

Name: _____ Birth Date: _____
SURNAME FIRST NAME(S) YEAR/ MONTH/ DAY

Address: _____ Postal Code: _____

_____

Home Phone: _____ Work Phone: _____ Email: _____

## Medical Information

Organizers assume no responsibility for the health or well-being of participants as a result of the information being provided. Participants are advised to carry pertinent health and medical information on their persons at all times.

Care Card No. _____

Emergency Contact: _____ Phone: _____ or _____

Doctor: _____ Phone: _____

Pertinent medical information (Allergies/Medications/Conditions): _____

_____

## Acknowledgement & Assumption of Risk

The participant acknowledges that they are aware of the details of the program and that there exists an element of personal risk, damage or serious injury in the activities, and willingly agrees to assume responsibility for those risks as conditions of registering for the program.

## Indemnification & Release

I hereby remise, release and forever discharge the City of Vancouver, Vancouver Board of Parks & Recreation, False Creek Community Centre, its employees or agents, of and from all manner of actions, causes of actions, claims and demands of whatsoever nature in respect of any injury, loss or expense that I may sustain arising out of or in any way connected to my participation in this program.

## Photo/Testimonial Release

☐ I give permission for my photo and/or testimonial to be used to promote False Creek C.C. programs

**Signature:**_____ **Date:** _____

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**FALSE CREEK COMMUNITY CENTRE**

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