



Voluntary Health Form for Trips & Programs

Roswell Recreation, Parks, Historical & Cultural Affairs Dept.

Please Print

Transportation is subject to Change

Do you want to be included in the Rambler's Directory _____ **Yes** _____ **No**

Print Name _____

Circle One: Mr. Miss Mrs. Ms.

Date of Birth: _____ - _____ - _____ Phone Number: (_____) _____ - _____
(mo) (day) (year) (Area Code)

Alternate Phone Number: (_____) _____ - _____ (Cell or work number)
(Area Code)

E-mail: _____ Receive E-newsletter _____ Yes _____ No

Print Address: _____
(Street) (Apt. number or unit)

(City) (State) (ZIP Code)

EMERGENCY CONTACT:		
Print Name: _____		
Relation to you: _____		
Print Address: _____		
(Street)	(Apt. number or unit)	
_____ (City)	(State)	(ZIP Code)
Phone Number: (_____) _____ - _____		
(Area Code)		
Alternate Phone Number: (_____) _____ - _____ (Include work or cell)		
(Area Code)		

Primary Doctor's Name: _____

Phone Number: (_____) _____
(Area Code)

Specialist Doctor's Name: _____

Phone Number: (_____) _____ (Area Code)

See Other Side

MEDICAL: The following will help us provide proper aid or assistance in case of a medical emergency:

1. Do you have any medical problems or potential problems we should be aware of? Please explain:

2. Do you have or have had any of the following conditions (check all that apply):
 Heart condition Seizure(s) Respiratory condition

Diabetes

Other- Please explain:

3. Are you currently wearing any type of medical aid, apparatus or device? (For example, heart aid) Please explain:

4. Please list all medications you are currently taking:

5. Please note any allergies you have:

LIABILITY AND EMERGENCY TREATMENT RELEASE

Roswell Recreations, Parks, Historical & Cultural Affairs Dept.- Ongoing Trips and Programs

In consideration of the benefits flowing to the participant as a result of the program named above, the undersigned hereby waives, release and forever discharges its officials, employees, agents from any and all claims, demands, damages, actions, causes of action or suits of whatsoever kind of nature, including, without limitation, property damage or bodily injury suffered by the undersigned as a result of or limitations, and any play associated therewith. Being fully aware of the risk of bodily injury, the undersigned does further agree that participant assumes the risk of danger involved in the program. Being desirous of arranging for the medical care and treatment of the undersigned, do hereby authorize the RRPD to act in the following matters in behalf, place and stead.

(A) To obtain and authorize medical care for the undersigned at any hospital, emergency medical center, or any other health or medical facility; by any doctor, osteopath, nurse, surgeon, or any other practitioner of a healing art;

(B) To do any other thing or perform any other act, not limited to the foregoing, which the undersigned might do in person, in order to provide for the medical care and welfare of the participant.

The undersigned further agrees to be responsible for the expenses of any medical care needed by the undersigned, and to hold all staff authorizing the medical care harmless for any damages suffered as a result of the medical treatment authorized. This medical authorization shall remain effective until such time as the programs has been completed.

Signature _____ Date _____

Thank you!