

Town of Queen Creek Senior Program 2011-2012 Membership Form

Please Print

Name: _____ Birthday: _____

Address: _____ City: _____ Zip: _____

E-mail Address: _____ Phone: _____

In case of emergency, contact:

Name: _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

Doctor's Name: _____ Doctors Phone: _____

Health Conditions/Allergies: _____

**Town of Queen Creek Parks and recreation Department
Release, Hold Harmless and Medical Treatment Authorization**

In consideration of any services and use of Town of Queen Creek facilities during year round program activities offered by the Town of Queen Creek Parks and Recreation program, the participant agrees to the following;

1. I hold harmless the Town of Queen Creek facilities during year-round program activities losses, claims, demands, payments, recoveries and judgments of every natures and the participant or the Town during the event or in consequences of any negligence or carelessness regarding the same, unless the sole source of the loss is due to acts of Town.
2. I authorize the staff of the Town of Queen Creek Parks and Recreation Department and other contracted authorized personnel to secure any needed medical assistance in care of an emergency, illness or accident and that personal insurance or immediate payment is required and that I will be responsible for prompt payment of all charges. I release the Town of Queen Creek from any liability for such costs. I will not participate in any activities advised against by my physician and agree to seek medical advice before participating in any activity about which I might have some concern.

Participant's Signature: _____ Date: _____