

Puyallup Activity Center

Participant Information Sheet

Personal Contact Information

First Name _____ Middle Initial _____ Last Name _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____

Phone # _____ 2nd Phone # _____ 2nd Phone # Description _____

Emergency Contact/Medical Information

◆ Emergency Contact #1

Name _____ Phone # _____ Relation _____

◆ Emergency Contact #2

Name _____ Phone # _____ Relation _____

◆ Doctor/Hospital

Name _____ Phone # _____

◆ Special Medical Info

I am fully aware of the fact that there are special dangers and risks inherent in participating in the Puyallup Senior Center Trip Program, including the risk of serious physical injury, death or other consequences that may arise or result directly or indirectly from my participation. Being fully informed as to these risks and in consideration of being allowed to participate in these activities, I hereby assume all risk of injury, damage and liability arising from such activities or use and hereby release the City of Puyallup, its officials, employees and agents and waive any right of recovery that I may have to bring claim or lawsuit against them for any personal injury death or other consequences occurring to me arising out of my voluntary participation in this senior citizen activity or program.

Today's Date

Participant's Printed Name

Participant's Signature