

FIRST NAME: _____ M.I. _____ LAST NAME: _____

BIRTH DATE: MO: _____ DAY: _____ YEAR: _____ GENDER: MALE OR FEMALE

PRIMARY PHONE: _____ SECONDARY: _____
(CIRCLE ONE) *Landline Or Cell* *Landline Or Cell*

EMAIL: _____

ADDRESS: _____ VILLAGE: _____ ZIP: _____

TOWNSHIP: _____

EMERGENCY CONTACT #1

NAME: _____

RELATIONSHIP: _____

TELEPHONE: _____
(CIRCLE ONE) *Landline Or Cell*

EMERGENCY CONTACT #1

NAME: _____

RELATIONSHIP: _____

TELEPHONE: _____
(CIRCLE ONE) *Landline Or Ce*

PHYSICIAN NAME: _____

PHYSICIAN PHONE: _____

PLEASE LIST (IF NONE, PLEASE LIST N/A)

DISABILITIES: _____

ALLERGIES: _____

MEDICATIONS: _____

PLEASE CIRCLE WHICH APPLIES TO YOU

HOUSEHOLD: LIVES ALONE OR LIVES WITH SOMEONE

*ETHNICITY: ASIAN AMERICAN AFRICAN AMERICAN CAUCASIAN HISPANIC NATIVE AMERICAN

ALL INFORMATION IS CONFIDENTIAL. *OPTIONAL, USED SOLEY FOR GRANT WRITING

WAIVER



PLEASE READ THIS FORM CAREFULLY. IN PARTICIPATING IN ANY PROGRAMS SPONSORED OR CO-SPONSORED BY ELA TOWNSHIP, YOU ARE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU MAY SUSTAIN WHILE PARTICIPATING.

I am voluntarily participating in an Ela Township program/ activity with the knowledge of the danger involved and hereby agree to accept any and all risks of property damage, personal injury, or death. I agree to assume the full risk of injuries, including death, damages, and loss, which I may sustain as a result of participating in any manner.

As a condition of my participation in an Ela Township program, I hereby release Ela Township, its employees, the board of directors, and any volunteers working under its name, as well as any independent contractors, their employees and volunteers, and all other persons or entities, from any and all present and future claims, including those due to negligence, for any property damage, personal injury, or wrongful death that may arise from my participation.

Furthermore, I hereby voluntarily waive any and all claims, both present and future, arising from my participation in an Ela Township program, including, but not limited to, negligence, property damage, personal injury, and wrongful death.

I further agree to indemnify, hold harmless, and defend Ela Township and the above parties from any and all claims of injuries, including death, damage, and losses sustained by anyone arising out of, connected with, or in any way associated with my conduct and the program.

Further, in the event of an emergency, I authorize Ela Township and the above parties to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care. I agree that I will be responsible for the payment of any and all medical services rendered.

I HAVE CAREFULLY READ AND FULLY COMPREHEND THE IMPLICATIONS OF THIS FORM. BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I AM RELINQUISHING ANY LEGAL RIGHTS OR REMEDIES THAT MAY BE AVAILABLE TO ME.

PRINT NAME

SIGNATURE

DATE: _____

FOR OFFICE USE ONLY	
ID#1 _____	ID#2 _____
VERIFIED BY: _____	