

# City of Friendswood – Parks & Recreation Department Participant Information Sheet & Waiver 2021

\* = Required Field



\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*DOB: \_\_/\_\_/\_\_\_\_ \*Sex: \_\_\_\_\_

\*Home Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ List cell carrier to receive text messages: \_\_\_\_\_

Email: \_\_\_\_\_

(Note: users with @sbcglobal.net emails may not receive emails due to settings within the email carrier)

Yes \_\_\_ No \_\_\_ Are you currently involved in a regular exercise program such as walking, swimming, or cycling?

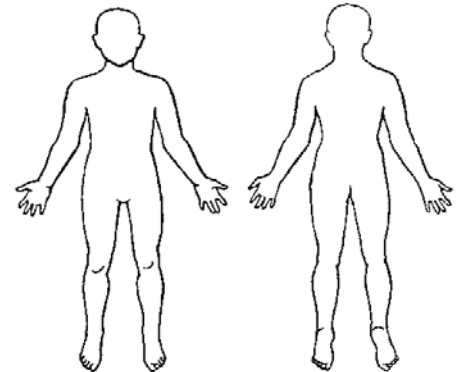
Yes \_\_\_ No \_\_\_ Do you practice stretching exercises on a regular basis?

Yes \_\_\_ No \_\_\_ Have you practiced in Yoga or Pilates before?

If so, what style and for how long? \_\_\_\_\_

Please indicate below any medical information or health problems that you think is important for us to know before you participate in the activity and indicate the areas of concern on the diagram.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\*Emergency Contact: \_\_\_\_\_

\*Relation: \_\_\_\_\_ \*Phone: \_\_\_\_\_

## PLEASE READ CAREFULLY AND SIGN

**Assumption of Risk & Waiver of Liability:** All participants are encouraged to have a physical examination and obtain adequate health and accident insurance prior to participation in City activities or programs. Intending to be legally bound, do hereby, for myself, my executors and administrators, waive and forever discharge all rights and claims for injuries or damages which may hereafter occur to me against any person, organization, sponsor or entity for any and all damages which may be sustained and suffered by me, in connection with my association or entry in this activity or program.

I have read the foregoing and I fully understand it and agree to the limits of my liability and accept the restrictions thereof. Any questions that may have occurred to me have been answered to my satisfaction. I have indicated above any health problems that would limit my participation in this activity or program. If any problem arises, it will be my responsibility to notify the Parks and Recreation Department and to update my information records. I also understand that my photo or likeness may be used in any promotional materials and/or publications that the City may deem fit.

\_\_\_\_\_  
\*Participant's Signature

\_\_\_\_\_  
\*Date

How did you hear about this Activity?

Email Alert  City Website  Marquee  Flyer  Facebook  Friend Other: \_\_\_\_\_