

Adult Excursion Release Form

PLEASE PRINT CLEARLY

Office Use Only

EXCURSION TO: _____

DATE: _____

I. PARTICIPANT'S INFORMATION:

Participant's Name: _____

Telephone Number: _____ Alternate Number: _____

Date of Birth: _____ / _____ / _____ Gender: Male Female Age: _____
mm / dd / yyyy

Address: _____ City: _____ Zip: _____
Street Apt.

II. EMERGENCY CONTACT:

Contact Name: _____ Relationship: _____

Telephone Number: _____ Alternate Number: _____

III. MEDICAL INFORMATION:

Physician / Clinic Name: _____ Telephone Number: _____

Medication: No Yes Type: _____ Special Instructions: _____

Medical Problems, medication, conditions, special needs, request or comments:

In case of an emergency I authorize a city employee to seek treatment for myself from an available licensed physician. I also authorize a city employee to seek emergency transportation for myself to the nearest hospital. I realize that the City of Bell Gardens will not assume responsibility for payment of medical fees or expenses incurred.

The undersigned promises to indemnify and hold harmless the City of Bell Gardens and its elected representatives, directors, agents, or employees from any and all claims, demands, actions, liability or loss which may arise from or be incurred as the result of an injury or damage to persons or property arising out of participation in or the presentation of recreation activities/events.

I agree that the City of Bell Gardens may take and use such photographs of myself with or without my name and for any lawful purpose, such as publicity, illustration, advertising, and Web content. I grant the City of Bell Gardens, its representatives, and employees the right to take photographs of myself and my property in connection with the identified subject. I authorize the City of Bell Gardens, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

By signing this release form I understand that it will be my responsibility to make arrangements to transport myself home if I do not report to departure location at the specified time at end of the excursion.

Signature: _____ Date: _____

Please Note: REFUND will only be granted if activity is cancelled by the City of Bell Gardens.

