

AUSTIN NATURE AND SCIENCE CENTER

ADULT MEDICAL INFORMATION AND RELEASE FORM

Participant name _____ Date _____ DOB _____

Program Name _____ Home phone _____ Alt. phone _____

Home Address _____ City _____ ST _____ ZIP _____

In case of emergency, contact _____ Phone _____ Alt. Phone _____

Emergency contact address _____ City _____ ST _____ ZIP _____

Doctor's Name: _____ Doctor's Phone _____

The staff of the Austin Nature and Science Center takes every precaution to make each program as safe as possible. Please fill out the following information. If you answer yes to any of these questions, please elaborate on back of form, if necessary.

- 1. Level of swimming ability: [] Beginner: float on stomach and put face in water [] Intermediate: swim 10 yds., float on back, swim underwater [] Advanced: swim 25 yds., swim freestyle and backstroke, jump and dive.
2. Do you wear glasses or contacts? [] YES [] NO
3. Do you have any physical condition that could restrict activities? [] YES [] NO
4. Are you on any medication or under any doctor's orders that the City of Austin should be aware of? [] YES [] NO
5. Allergies: [] food [] insect stings [] Poison Ivy [] hay fever [] asthma
6. Have you ever had a surgery that will impact your ability to participate in the program? [] YES [] NO
7. Are you pregnant? [] YES [] NO
8. Have you been diagnosed with heart problems? [] YES [] NO
9. Have you ever had a severe allergic reaction? [] YES [] NO
10. Do you experience chronic headaches? [] YES [] NO
11. Do you experience chronic dizziness? [] YES [] NO
12. Do you experience chronic chest pain? [] YES [] NO
13. Do you have any medical conditions that the City of Austin should be aware of in case of an emergency? [] YES [] NO

In consideration of participant being allowed to participate in the registered class or program, the undersigned hereby releases the City, its employees and agents, from any action, claim, or demand for personal injury or property loss arising from or due to any negligent act or omission of the City, its agents or employees. This release shall have no effect with regard to damages caused by the City's gross negligence. In the event the City or a volunteer provides transportation for me, this waiver and release shall extend to and release the volunteer driver or City employee driver from any and all liability aforesaid. Permission is given for any emergency medical treatment, operation, or anesthesia which might become necessary. I agree to be responsible for the expense of medical treatment or service.

I do hereby acknowledge that I may be photographed by the City of Austin Parks and Recreation Department during programs sponsored by said agency and its facilities and do hereby consent to use of these photographs by said agency and its facilities for promotional purposes and displays.

I understand that some day camp activities such as swimming, rock climbing, rappelling, caving, and ropes course carry inherent hazards and are physically strenuous. Rock climbing, rappelling, and ropes courses involve some activities that require use of a belay system.

PARTICIPANT SIGNATURE: _____ Date: _____