

This is a 2-sided form.  
Please complete other side.

# CITY OF CARPINTERIA RECREATIONAL PROGRAMS



## EMERGENCY MEDICAL RELEASE AND CONSENT FORM

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_  
Area Code

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

### PERSON OTHER THAN ABOVE TO NOTIFY IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_  
Area Code

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ Phone: \_\_\_\_\_  
Area Code

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PARTICIPANT'S HEALTH HISTORY

- |  |  |
|--|--|
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Frequent Colds            |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Heart Condition _____     |
| <input type="checkbox"/> Epilepsy                | <input type="checkbox"/> Physical Disability _____ |
| <input type="checkbox"/> Frequent Stomach Upsets | <input type="checkbox"/> Other _____               |

### KNOWN ALLERGIES

- |  |  |
|--|--|
| <input type="checkbox"/> Hay Fever             | Date of last tetanus shot: _____                     |
| <input type="checkbox"/> Insect Stings _____   | Names & Dosages of any <b>REQUIRED MEDICATIONS</b> : |
| <input type="checkbox"/> Drug Allergies _____  | _____  |
| <input type="checkbox"/> Other Allergies _____ | _____  |

Please explain **ALL** of the above **CHECKED ITEMS** in detail: \_\_\_\_\_

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

In the event that I cannot be reached in the event of an emergency, I hereby give my permission and authorization to the attending physician or dentist selected by emergency related personnel to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my child or ward as deemed necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

*Please Print*

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



**CITY OF CARPINTERIA  
RECREATIONAL PROGRAMS  
LIABILITY RELEASE AND AGREEMENT NOT TO SUE**

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I, \_\_\_\_\_, fully understand that my and/or my child's participation in any City of Carpinteria recreational ocean programs exposes me and/or my child to the risk of personal injury, communicable diseases, illnesses, viruses, dangerous marine life, property damage, or death. I hereby acknowledge that I and/or my child are voluntarily participating in these recreational programs and that transportation may be provided by other vehicle(s). I understand that other forms of transportation such as carpools are not included in the program and agree to assume any such risks for myself and/or my child.

I hereby release, discharge and agree not to sue the City of Carpinteria, for any injury, communicable disease, illness, virus, death, or damage to or loss of personal property arising out of or in connection with my participation in these recreational programs, including the active or passive negligence of the City of Carpinteria or any other participants in the recreational programs.

In consideration for being permitted to participate in these recreational programs, I hereby agree on behalf of myself and/or child, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Carpinteria from any and all claims, demands, actions, or suits arising out of or in connection with my or my child's participation in these recreational programs. Furthermore, I give the City my consent to allow any photographs/videos taken of me or my child while participating in any of the City's recreational programs to be used by the City for promotional purposes.

I have carefully read this release, hold harmless and agreement not to sue and fully understand its contents. I am aware that it is a full release of all liability and sign it willingly.

\_\_\_\_\_  
**Participant Name (Print)**

\_\_\_\_\_  
**Signature (Participant/Parent/Guardian)**

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

\_\_\_\_\_  
**Printed Name Parent/Guardian**

\_\_\_\_\_  
**Email Address**