



ADULT PROGRAM
Medical Authorization/Liability Release

(Please Print)

Name: _____

Age: _____

Address: _____

DOB: _____

Phone: _____ (home)

_____ (cell)

Medical Insurance Company: _____

In Case of Emergency, please contact:

Name: _____

Phone: _____ (home)

_____ (cell)

Authorization Statement

In consideration of your accepting the candidate named below for participation in a City of Florence adult sport program, I hereby, for myself, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I may have against the City of Florence or any of it's affiliates and its representatives, successors and assigns for any and all injuries suffered by myself at any activity sponsored by these groups. Such claims include, but are not limited to, claims for property damage, personal and/or mental injury. Damages include, but are not limited to, claims for property damage, personal, consequential, incidental, or punitive damage. This release is signed freely, voluntarily, and not under duress. I also grant permission to managing personnel or league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should I become ill or injured while participating in recreation activities away from home or at other times when I am unable to grant authorization for emergency treatment. I agree and understand that I will be responsible for any medical expenses incurred and I recognize that, while the City of Florence is in no way responsible for any medical expenses I may incur, I realize that I am responsible for understanding and adhering to all rules and regulations of the program. I also give the City of Florence the right to release any photos to the media for promotional use.

Signature

Date

(Every participant must fill this out in order to participate in any City of Florence Adult Program)