

PERQUIMANS COUNTY
Center for Active Living

Date: _____

Name: _____

Address: _____

Telephone: _____ Email: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Sex: Male: _____ Female: _____

Live Alone: _____

Race: Asian _____ Black _____ Hispanic _____ Indian _____ White _____ Other _____

Interests/Hobbies: _____

We Need Volunteers – Would you like to volunteer? _____

I, the undersigned, give the Perquimans County Center for Active Living permission to use my name and/or picture in published articles, video presentations, on brochures, and/or website and social media pages. If permission is not granted by the participant in the immediate preceding statement, member is responsible for removing him/herself from any and all such activities during the time of photography.

Signature

Perquimans County Vision:

To be a community of opportunity in which to live, learn, work, prosper and play.

PERQUIMANS COUNTY CENTER FOR ACTIVE LIVING STATEMENT OF RELEASE/LIABILITY WAIVER

THIS FORM MUST BE SIGNED BY EACH PARTICIPANT

The Perquimans County Center for Active Living strongly advises that individuals should consult their physician prior to using the equipment in its exercise area. Based on his/her medical history, it also reserves the right to require an individual to present "Consent to Exercise" form signed by a physician before using the equipment.

I, the undersigned participant, hereby indemnify and hold harmless the Perquimans County Center for Active Living, the town of Hertford, and Perquimans County here and after referred to as host agencies, their agents, employees, representatives and assigns from any claims resulting from injury or physical restrictions whatsoever which would prohibit my participation in the exercising area. I recognize and understand that use of the equipment may require vigorous physical activity that could result in serious or life threatening physical harm to me.

_____ (Initial)

I, the undersigned, understand that viruses are contagious and preventive measures such as washing hands frequently, staying home if feeling sick and using hand sanitizer is recommended. I hereby release all staff, participants, the Center for Active Living and Perquimans County Government/Officials from responsibility regarding contracting COVID19 or any other condition or illness. _____ (Initial)

(Signature)

(Date)

EMERGENCY CONTACT PERSON:

Name: _____ Phone: _____

Personal Physician: _____ Phone: _____

List any medications you are taking: _____

List any allergies you have _____

Please describe any past or present medical diagnosis that we need to be aware of: _____