



UNION CITY COMMUNITY AND RECREATION SERVICES SENIOR PROGRAM
ACTIVITY PARTICIPATION WAIVER AND EMERGENCY CONTACT INFORMATION

I the undersigned agree to take full responsibility and hold harmless the City of Union City from any loss or liability which may result from my participation in its programs. I have read and understand the activity descriptions listed and comprehend all risks involved by participating in any activity. I hereby absolve the City of Union City, its employees and officers from any and all liability.

Signature _____ **Date** _____

Please give us the names and phone numbers of two people we should contact in the event of an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please provide us with the following medical information (all information is kept private):

Family Doctor: _____ Hospital of Choice: _____

Please list below any physical handicaps, allergies to medicine, medical/unusual conditions or special considerations emergency responders should be made aware of in the event of an emergency:
