



Bainbridge Island™
Senior/Community Center

Participant's Name: _____
(Please Print)

Phone Number: _____

2023 Release, Indemnification and Medical Information

Please initial:

- _____ I understand that **participation in activities** involve inherent risk and possible injury, even when conducted in a safe manner. I hereby assume all responsibility for my safety when participating in Bainbridge Island Senior Community Center (BISCC) arranged activities. I assume the risk of participation in such activities and voluntarily waive and forever release BISCC and its employees, agents, and contractors for any claims that may arise from my participation.
- _____ I authorize the **provision of emergency medical care** if needed during participation in BISCC activities or while visiting the Senior Center.
- _____ I give BISCC **permission to photograph or videotape** me while participating in BISCC activities and use such images in promotional and informational materials. I understand that any such photos and videos will belong to BISCC.

EMERGENCY & MEDICAL INFORMATION

Emergency Contact Information:

Contact Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

Medical Information:

Please list any health information that would affect treatment/care in case of an Emergency:

Please list Covid Vaccination Dates: (optional) _____

I AM VOLUNTARILY SIGNING THIS DOCUMENT WITH THE INTENT TO RELEASE BAINBRIDGE ISLAND SENIOR COMMUNITY CENTER AND ITS EMPLOYEES, AGENTS, AND CONTRACTORS FOR ANY AND ALL CLAIMS THAT ARISE FROM MY ATTENDANCE AT OR PARTICIPATION IN BISCC ACTIVITIES. I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND AND ACKNOWLEDGE THAT BY SIGNING IT I AM GIVING UP IMPORTANT LEGAL RIGHTS.

Signature: _____ Date: _____