



Yarmouth Community Services
Adult Waiver / Release Form

YCS Program Name _____ **Season** _____

Participant Name: _____ Phone: _____

Address: _____ Email: _____

Emergency Contact name: _____ Relationship: _____

Emergency Phone #'s: (H) _____ (W) _____ (C) _____

2nd Emergency Contact Name: _____ Relationship: _____

2nd Emergency Phone #'s: (H) _____ (W) _____ (C) _____

Primary Care Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Hospital Preference: _____

Medications we should know about? _____

Do you have any allergies? _____

Medical Conditions we should know about? _____

Any other information you would like to share? _____

I the undersigned participant, having voluntarily enrolled in the above named program agree to participate in said program upon the following conditions and representations:

1. I understand the nature of the program in which I am enrolled, including the physical requirements involved, and that I am physically capable of participating in said program. The determination that I am physically capable has been made by myself, based upon my past medical history, or in conjunction with my physician, and was made prior to said program.
2. With respect to my representation of my physical fitness and capability of participating in the Yarmouth Community Services, I hereby knowingly and willingly release Yarmouth Community Services and the Town of Yarmouth, and any of its agents, officers, and employees from any and all claims, including, but not limited to, any illness or injury arising from my participation in said program.
3. As of the date of this agreement, I am physically capable of participating in said program, and if my physical condition should change in any manner after this date or there is any reason to believe my condition has changed or may change after this date, I will promptly inform the instructor and consult with my physician as to the advisability of my continued participation in the program.

Signature _____

Date _____

ALL INFORMATION is CONFIDENTIAL and will be held in strictest confidence.

Please return to:
Yarmouth Community Services,
200 Main Street, Yarmouth, ME 04096.
PHONE: 207-846-2406
FAX: 207-846-2421