



# FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com

## **WALKING CLUB REGISTRATION FORM:**

**NOTE: MUST HAVE A MEMBERSHIP APPLICATION ON FILE IN ADDITION TO THIS FORM.**

*Please complete all applicable areas below:*

### **PARTICIPANT INFORMATION:**

Participant's First Name:

Participant's Last Name:

Phone #

Email Address:

### **EMERGENCY CONTACT INFORMATION:**

**Who can we contact in case of an emergency?**

First & Last Name:

Relationship:

Home Phone:

Cell Phone:

Work Phone:

### **MEDICATIONS:**

Please list your medications below. Attach a separate sheet if needed.


### **SPECIAL CONCERNS:**

Do you have any special concerns that we should know while you participate in this program?

### **ALLERGIES:**

Please list all allergies:

### **WAIVERS:**

I am in good physical and medical health and have no reason to believe that I am unable to participate in the Town of Fishkill Senior Center Walking Club. I know what my own ability and limitations are and will limit, modify, or stop walking in accordance with my ability and limitations.

**Participant Signature: X**

**Date:**

As a participant in the Town of Fishkill Senior Center Walking Club, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that may be sustained because of such participation. I further understand the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, employees, and representatives of the Town of Fishkill from any and all claims.

**Participant Signature: X**

**Date:**

**Walking Club**

