

**CARIBOU PARKS AND RECREATION DEPARTMENT
T.I.O.A.S. PROGRAM REGISTRATION FORM**

Participant (please print) _____ Age _____

Mailing Address _____ Email _____.

Actual Street Address _____

Day phone _____ Night phone _____ Cell phone _____

Family physician _____ Phone _____

Medical conditions (i. e. allergies, chronic illness, asthma, head/back injuries, fractures, etc...) _____

List medications you are currently taking _____

EMERGENCY MEDICAL INFORMATION

Name of Insurer _____ Policy # _____

Policy Holders Name _____

Other person to contact in the event of an emergency:

Name _____

Relationship _____

Day phone _____ Night phone _____ Cell phone _____

INFORMED CONSENT

I authorize CPRD staff to provide emergency treatment of any injury or illness I may experience, including transportation by ambulance, if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if a reasonable effort has been made to contact the emergency contact at the telephone numbers provided. I am aware that participation in the T.I.O.A.S. program is a potentially hazardous and may involve risk of injury. I am aware of these hazards and my ability to participate. I hereby for myself, my heirs, executors, and administrators waive and release all rights and claims against the City of Caribou, Caribou Parks and Recreation Department, its officers, supervisors, employees, agents, and volunteers, except in the case of their sole negligence, from all losses, injury, damages, fees, and other expenses arising out of, or in connection with, participation in this activity.

I understand this Informed Consent Form and agree to its conditions.

PHOTO/MEDIA RELEASE

I DO DO NOT give the Caribou Parks and Recreation Department permission to utilize photo's for promotional purposes. (Please check one)

NOTE: Please be advised that no alcohol is allowed on our trips. Thank you for your cooperation.

Signature of participant _____ Date _____