

**Foster City Parks and Recreation Department
 Medical Information & Release and Waiver of Claims Form for Senior Wing Trips**

Name		
Address		
City	Zip	Phone
Emergency Contact (Someone not on the trip with you.)		Phone
Doctor's Name/Office		Phone
Health Insurance Provider		
Do you have any ailments or allergies (food or medicine) that the chaperone should know about?		
Are you taking any medications? If so, please list them. Attach an additional sheet if necessary.		

I hereby agree to hold the City of Foster City, the Estero Municipal Improvement District, their employees, and any agents used harmless from all liability which may arise as a result of my participation in any trip that I choose to attend. I understand that participation in any trip may involve risk or accidental injury and hereby voluntarily assume such risks.

Signature

Date