

# PARTICIPANT WAIVER

(Please print and Complete in black or blue ink)



## YOUTH PARTICIPANT (For Youth & Children Only)

Participant First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Youth T-Shirt Size \_\_\_\_\_  
 Gender:  Male  Female  Transgender (Identify Male)  Transgender (Identify Female)  Non-Binary  Other  Prefer not to answer

## ADULT PARTICIPANT OR PRIMARY GUARDIAN HOUSEHOLD CONTACT INFORMATION

Primary Guardian | Adult Participant First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Gender:  Male  Female  Transgender (Identify Male)  Transgender (Identify Female)  Non-Binary  Other  Prefer not to answer

Date of Birth \_\_\_\_\_ Household Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cellular Provider \_\_\_\_\_

By providing your cell phone number, you consent to being contacted at that number for reasonable business purposes. We may contact you by phone, by recorded message, by the use of automated dialing equipment, or by text message. Standard data rates may apply under your wireless plan.

## SECONDARY GUARDIAN CONTACT INFORMATION

Secondary Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Gender:  Male  Female  Transgender (Identify Male)  Transgender (Identify Female)  Non-Binary  Other  Prefer not to answer

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cellular Provider \_\_\_\_\_

Does the Secondary Guardian live in the same household as above?  Yes  No (If No, List Secondary Guardian Household Mailing Address)

Household Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## PLEASE LIST EMERGENCY CONTACTS OTHER THAN THE PRIMARY AND SECONDARY GUARDIANS

Emergency Contact Name	Relationship	Home Phone	Work Phone	Cell Phone	Allowed to Pick Up?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

## MEDICAL CARE INFORMATION

1. Any known allergies to to food/drugs, insect stings, poison ivy/other plants, etc.?  Yes  No (If yes, please specify below)

(Additional page may be added if necessary.)  
2. Any known existing illnesses?  Yes  No (If yes, please specify below)

3. List any physical condition that could restrict activities or a need requiring special care in order to participate in program/activity:

4. For Youth & Children Only: Does participant require prescription medication during program hours? Program must exceed 1 hour.  
 Yes  No If yes, please complete a Medication Authorization form.

**Accessibility Accommodation Request**

The City of Austin proudly complies with the Americans with Disabilities Act so that all individuals can enjoy and benefit from our recreation and leisure services. If a participant requires assistance or a modification in order to participate in our programs or use our facilities, please call 512.974.3914 at least two weeks prior to participation to consult with an Inclusion Coordinator. Does the participant require accommodations?

Yes   
No

Please initial in the corresponding box:

**Personal Information Privacy Policy**

We collect personally identifiable information (names, postal addresses, email addresses, etc.) when voluntarily submitted by our participants and visitors. The information you provide is used to fulfill your request and as demographic data for programming purposes, and may be shared with partner agencies (for example, AISD and Travis County). Initial here if you do not wish us to share the participant's information with these agencies.

Opt Out

**Image Release Waiver**

I hereby consent to allow the City to use photographs and videos taken during this class or program and at City locations for publicity purposes for example, in print materials, on the City's website, and on City social media. Photographs and videos remain the property of the City of Austin Parks and Recreation Department. Initial here if you do not consent to the City's use of photographs and videos.

Opt Out

**Standards of Care Notification**

Youth programs/activities supervised by Parks and Recreation Department and requiring enrollment/registration in order to participate are not licensed by the state, but follow standards of care adopted through City of Austin Ordinance. A copy is available and posted at each site.

**Release of Liability**

For and in consideration of my/the participant being allowed to participate in the class or program sponsored by the City of Austin Parks and Recreation Department, I fully release the City, its elected officials, officers, directors, employees, agents, volunteers, affiliates and all others acting on its behalf from any and all claims, actions, causes of action, and complaints of any kind which I have or may in the future have, whether known or unknown, arising out of or relating to my/the participant's participation in the class or program.

Adult Participant | Parent/Guardian of Youth Participant Printed Name Signature

Date

**Emergency Medical Care**

In the event of a medical emergency, I consent to emergency medical treatment for myself/the participant as deemed necessary by medical professionals responding to the emergency. I accept responsibility for all costs of such treatment.

Adult Participant | Parent/Guardian of Youth Participant Printed Name Signature

Date

**Electronic Signature Authorization**

An electronic signature shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. "Electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

**Participant Demographic Data (responses are voluntary)**

Thank you for your interest in our programs. The following questions will help the City of Austin better serve community members and improve outreach efforts. Select the categories that the participant identifies with most closely.

**Race/Ethnicity of the Participant:**  No Answer  Asian  Black  Native American/Native Alaskan  Native Hawaiian/Pacific Islander  Hispanic/Latino  White  Other

**Household Annual Income:**  No Answer  \$22,500 or less  \$22,501 - \$50,000  \$50,001 - \$75,000  \$75,001 - \$100,000  \$100,000 or more

