



Queensbury
PARKS & RECREATION

742 Bay Road, Queensbury NY 12804
(518) 761-8216 • recreation.queensbury.net

HEALTH INFORMATION & HOLD HARMLESS AGREEMENT

Should be completed and updated annually by anyone participating in the department's exercise programs (Stretch & Tone, Aquaerobics, etc.)

Name: _____ Date: _____

Age: _____ Gender: M F Home Phone: _____ Cell Phone: _____

What is the present state of your general health? ☐ Good ☐ Average ☐ Poor

Physician's Name: _____ Physician's Phone: _____

Person to contact in an emergency: _____ Phone: _____

Please list all medications that you presently take: _____

Are you now or have you been pregnant within the past three months? ☐ Yes ☐ No

Does your physician know that you are participating in an exercise program? ☐ Yes ☐ No

DO YOU NOW OR HAVE YOU HAD WITHIN THE PAST YEAR:

1. History of heart problems? ☐ Yes ☐ No

2. High blood pressure? ☐ Yes ☐ No

3. Difficulty with physical exercise? ☐ Yes ☐ No

4. A chronic illness? ☐ Yes ☐ No

5. Advice from a physician not to exercise? ☐ Yes ☐ No

6. Disorder that is aggravated by exercise? ☐ Yes ☐ No

7. Recent surgery (within past 3 months)? ☐ Yes ☐ No

8. History of lung problems? ☐ Yes ☐ No

9. History of diabetes? ☐ Yes ☐ No

10. Smoking habit? ☐ Yes ☐ No

11. High blood cholesterol? ☐ Yes ☐ No

I have carefully reviewed the health information above and attest to its accuracy. I also understand that I may be asked by the instructor or the Parks & Recreation Department to provide a physician's note **before** participating!

The undersigned hereby agrees to indemnify, save harmless, and waives liability of the Town of Queensbury, the Town Board, and Parks & Recreation Department, employees and volunteers thereof, for any responsibility should an accident or injury occur to the undersigned participant as a result of participation in any program sponsored by the Queensbury Parks & Recreation Department or while using recreation program facilities.

Signature of Participant

Date