



**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

Submit by E-mail