



AM EXERCISE CLASS

Name: _____

Address: _____

Email address _____

Any special medical info: _____

Name	Home#	Cell#	Work#
Your Contact Info			
Emergency Contact			
Name			

MEDICAL RELEASE

I, _____ hereby authorize the Newport Recreation Department and its staff, to arrange medical or surgical care for myself in any emergency which may occur during and Newport Recreation sponsored program if I am unable to communicate my needs, etc.

RESPONSIBILITY: Neither the Newport Recreation any masters, any coach, or can anyone else assume responsibility for possible accidents while I am participating in a Newport Recreation program. Newport Recreation does NOT carry accident or medical insurance for the participants in any of their recreation programs.

ATTENTION By signing this form I also give permission to be filmed/photographed for possible broadcast on NCTV or other programs or newspapers or social media.

Signature _____ Date _____