

2023-24 Community Walking Program at Clay High School

Last Name _____ First Name _____
(Please Print)

Date of Birth _____ Gender M _____ F _____ Pass # _____

Email Address _____

Address _____ Apt _____

City _____ State _____ Zip _____ Phone _____

Emergency Contact:

Family member/friend _____

Phone _____ Alternate phone _____

Disclosure Statement

Any information obtained from this form is kept confidential and no personal information is released to the public without written consent, or unless otherwise required under federal law.

Hold Harmless Clause

I agree to indemnify and HOLD HARMLESS the Oregon City Schools, the Oregon Board of Education, Clay High School and their agents and employees from all liability, claims, demands, damages, or costs for or arising out of The Walking Club whether it be caused by the negligence of indemnitor or the Oregon City Schools, or the Oregon Board of Education, or Clay High School or any of their agents or employees, or otherwise.

Signature

Consent for treatment to Medical Care Providers and Local Hospital

In the event we are unable to contact the Emergency Contact listed above, the school will have your permission to transport by local EMS to the nearest hospital.

I give permission for my health information to be shared with emergency care personnel as needed.

OR

Signature

I **DO NOT** give my consent for emergency medical treatment. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to take ONLY the following action:

Signature