

## Participant Consent Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Male/Female

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1. I wish to voluntarily participate in the activities of the Autumn Games.
2. I agree not to enter into or volunteer to participate in any of the events unless I am medically able and properly trained.
3. I agree to abide by all rules and regulations of these games.
4. I have been informed of expected risks, benefits and complications from known and unknown causes and alternatives to participation, including not participating. The risks associated with such games include but are not limited to: muscle strains, pulls, injury to bones, changes in blood pressure, heart rate/rhythm/function and heart attack.
5. I understand that not all risks can be eliminated, regardless of care taken to avoid injuries.
6. If unforeseen conditions arise to require urgent treatment for an injury, I consent to permit first aid to be administered to me. Further, if I require treatment at a hospital, I consent to treatment and transport by emergency medical technicians (EMT's) to a nearby Hospital Emergency Department for treatment at my own cost and expense.
7. I acknowledge no guarantees or assurances have been made with respect to my participation in the Autumn Games.
8. I have read this consent, understand this release and waiver of liability and have had the opportunity to ask questions. All of my questions have been answered to my satisfaction.
9. I hereby fully release Phelps Hospital, all associated entities and their staff and employees and the Town of Mount Pleasant from any and all liability and responsibility from any claim, demand, or cause of action of any kind resulting from my participation in the Autumn Games.

I have read the above release and waiver of liability and fully understand its contents.

I voluntarily agree to the terms and conditions stated above.

Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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I would like to participate in the following events:

Bocce Ball

Chair Yoga

Modified Sprint Triathlon

Name That Tune

Obstacle Course

Stay Fit and Strong

Pickleball

Tai Chi

Scavenger Hunt

Water Aerobics

***Note: Leisure swimming is available throughout the day***

Mail to:

Phelps Hospital

701 North Broadway

Sleepy Hollow, NY 10591

Attn: Ellen Woods

ewoods3@northwell.edu