SPORTS MEDICINE: Medical and Liability Waiver for Camp, Alumni, Event



For Office Use Only:	
ERAU Employee:	Updated: 7/2022 Medical and
Date:	Liability Waiver

ERAU	Sports Medicine Medical and	Liability Waiver		
Activity: CAMP / ALUMNI / EVENT	Sport:	Date of Acti	Date of Activity:	
Name:		DOB:	Age:	
Name:(First)	(Last)			
Emergency Contact:		Contact Phone:		
Primary Insurance Company & ID Number:				
 Do you have an ongoing illness or injury? 	Medical Questions:		Yes	No
2. Have you had a major injury to any of the f	following?		Yes	No
Head/Neck:	Shoulder:	Back:		
Knee:	Lower Leg:	Ankle:		
3. Have you been dizzy or passed out during of	or after exercise? If yes, when?		Yes	No
4. Do you have chest pain or tightness during	or after exercise?		Yes	No
5. Are you taking any medications on a regula	ar basis?		Yes	No
6. Do you have any known allergies (Medica	ation; Food; Insects; etc.)?		Yes	No
7. Have you ever been tested for Sickle Cell 7.	Frait Disease? If yes, what are the resu	ılts?	Yes	No
This Waiver, Release and Medical Release is presented FL 32114 and 3700 Willow Creek Road, Prescott, AZ 86			Morris Blvd., Daytor	na Beach,
For myself, my estate, assigns and representatives, I here and all claims, liability, demands, lawsuits, and causes participation. I, for myself, my estate, assigns and repremyself or my property arising from or related to my vocoperate with any claim, cause of action, lawsuit, or denon demand defend and indemnify ERAU for any cost or experience.	of action of any kind or nature, known or unlessentatives, hereby waive any and all claims of pluntary participation. Unless required by law nand of any kind or nature for injuries or losses	known, that I have or may have, arising any kind or nature, known or unknown or valid order of court, I shall not file	g from or related to r , for damages, injurie , allow to be filed, c	ny voluntar s or losses to onsent to, o
I understand that activities, of which I will voluntarily to comatose state and other very serious bodily injuries up equipment and facilities. If it appears to be unsafe, I wi shall be conclusive proof that I was satisfied with the safe	to and including death. I acknowledge that I ll notify the appropriate party and not use the	am sufficiently fit to voluntarily partic equipment of facilities until such condi	ipate, and that I may	examine th
I hereby consent that ERAU or its agent may arrange fo agree that neither ERAU, nor its trustees, officers, emplo responsible for the payment of all such expenses, includinsurance fit to cover any related injuries or damage, and	yees, or agents shall provide medical insurance ing the costs of transportation or hospitalization	, nor will they pay any medical cost or	expense incurred by r	ne. I shall b
I agree that this Agreement shall be binding on my persocaused in whole or in part by the negligence of the release	1		injuries or losses are	alleged to b
Printed Name	Signatu Parent /Guardian of Minors under the		Da	te

Parent/Guardian Signature

agree to the terms herein:

I am the legal parent or guardian for the above participant. For myself and my minor child, I hereby consent to the minor's participation as per this Agreement, and