**JMJ HERNANDO**

**ADULT LIABILITY WAIVER AND MEDICAL RELEASE FORM**

**2022-2023**

1. **Member/Participant: (FILL OUT ONE PER CHILD OVER THE AGE OF 18)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ □ Male □ Female

First Name Last Name Birth Date Age

1. **Primary Emergency Contact:**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Secondary Emergency Contact:**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Insurance:**

Primary Insurance Co.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Group/Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that there are certain risks involved in participating in these programs, and I hereby assume such risks. These include, without limitation, the risk of physical injury, mental injury, emotional distress, trauma, death, contact with other participants/members, and the effects of weather, including extreme temperatures or conditions. *I recognize the possibility of injury as described above associated* *with participating in this club, and hereby release, discharge, and otherwise indemnify JMJ HERNANDO, INC. their sponsors, promoters, officials, hosting entities and its affiliated organizations, and the volunteers and associated personnel of these organizations, against any claim by or on behalf of the participant(s) named above as a result of participation in JMJ HERNANDO, INC programs and/or being transported to or from the same, which transportation I hereby authorize*. The participant(s)agrees that this waiver and release shall be binding on participant’s(s’) personal representatives, heirs, assignees, and next of kin.

In case of emergency, I understand that every effort will be made to contact my emergency contacts as listed above at the numbers provided. In the event that they cannot be reached, I hereby give my consent to have a member, teacher, team manager, emergency medical technician, nurse, medical treatment facility, and/or Doctor of Medicine or dentistry or associated personnel provide me with medical assistance and/or treatment, and agree to be financially responsible for the cost of such assistance and/or treatment. In addition, I hereby authorize emergency transportation to a medical treatment facility should an individual listed above consider it to be warranted**.** I will accept financial responsibility for the payment of any emergency transport, care, physician, or any hospital expenses or other expenses that might be required.

In exchange for the right to participate in the instructional programs, special events or other events

(“programs”), I agree to indemnify, hold harmless and defend JMJ Hernando, INC, its officers, agents, servants, and employees and staff from any and all claims resulting from injuries, damages, losses, or death sustained by me or my children and arising out of, connecting with, or in any way associated with the activities of this program.

The member(s)/participant(s) has carefully read and understands the foregoing waiver and release and signs the release as the member’s(s’)/participant’s(s’) own free act, and that by signing the release, the member(s)/participant(s) makes a total and unconditional release of all claims against JMJ Hernando, INC. The member(s)/participant(s) understands that this release is intended to be as broad as allowable by Florida law, and if any portion of this release is deemed invalid, the remainder shall maintain its validity and be applicable. The participant(s) represents that in executing this document, the party doing so has full authority to enter into this document with JMJ Hernando, INC. on behalf of themselves and acknowledges that JMJ Hernando, INC. is relying on the execution of this document in allowing the member(s)/participant(s) to participate in these programs.

In signing this release, I certify that:

1. I am at least eighteen (18) years old.

1. I have read and understand the Medical Release Form and have the authority to sign it on my

own behalf.

1. I understand that I have given up substantial rights.

1. I agree and consent to abide by the terms of this release as set forth herein.

1. I understand treatment for injury will be based on information provided in the attached Medical History Form; and

1. This authorization shall remain in effect for one (1) calendar year from the date of signing, unless revoked in writing.

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

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

# MEDICAL HISTORY

|  |  |  |
| --- | --- | --- |
|  | **YES OR NO** | **DATE PLEASE SPECIFY** |
| ALLERGIES | Y N | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ASTHMA | Y N | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DIABETES | Y N | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| EPILEPSY | Y N | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| HEADACHES | Y N | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| HEART | Y N | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| KIDNEY DISEASE | Y N | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| MOTION SICKNESS | Y N | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| OTHER |  | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Is the member/participant taking any medications? \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_ YES

If yes, please name the drug(s), dosage and frequency needed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any psycho-social or physical condition for which the participant is currently under professional care?

\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_ YES

Please list any injuries the member/participant has suffered that would affect participation in classes or clubs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any major injuries the member/participant has suffered in the last two months:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elaborate on any other medical conditions of which the teacher/club leader should be aware:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMMUNIZATIONS (please state month and year):**

Tetanus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Polio\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Measles (Rubella) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_