



Medical Health History

Participant Name: _____

Date of Birth: ____/____/____ Age: ____ Gender: _____

Emergency Contact Information:

Emergency Contact: _____

Relation: _____ Phone: ____ - ____ - _____

Address: _____

City: _____ State: ____ Zip: _____

Medical History

Have you had any of the following in the past year? Please describe.

- Surgery: _____
• Asthma: _____
• Shortness of breath / fainting: _____
• Ear infection / dizziness: _____
• Convulsions / seizures: _____
• Fractures / severe pains: _____
• Heart trouble / murmur: _____
• Severe or frequent headaches: _____

Are you currently taking any prescription drugs? ____ If yes, what? _____

Are you currently taking any non-prescription drugs? ____ If yes, what? _____

Do you have any drug allergies? ____ If yes, what? _____

Other allergies? ____ If yes, what? _____

Any other important medical information United Sports needs to be aware of? If so please describe: _____

Physician and Insurance Information:

Personal physician: _____ Phone: ____ - ____ - _____

Health insurance company: _____

Policy number: _____

Name of primary insured: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT: I hereby release and discharge United Sports Training Center ("USTC"), its agents, employees, staff members, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation as a player or spectator in programs and activities, including rock wall activities at USTC. I fully understand that: these activities involve risks and dangers of serious bodily injury, ("RISKS"); these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the activity, the condition in which the activity takes place, or the negligence of the "RELEASEE'S" named below; there may be other risk and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity. I authorize USTC, its agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge USTC, its agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I hereby grant USTC permission to use my and/or my child's name, picture or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon USTC for reimbursement for use of this material.

Participant/Guardian Signature:
