

# Medical Consent & Liability Release Form

## JUST FOR KIX EVENTS

Every Participant, including: Performers and Non-performers must supply all of the following information. Please print clearly in blue or black ink. A Just For Kix Event can be classified as Dance Class, Camp, Intensive, Clinic, Bowl Game Tour, Master Class, Competition and/or Performance.

### Participant Information

TEAM/GROUP NAME

FIRST NAME  LAST NAME

AGE  DATE OF BIRTH  -  -

PREVIOUS MEDICAL CONDITION

FAMILY PHYSICIANS NAME  DAYTIME PHONE  -  -

### Emergency Contact

FIRST NAME  LAST NAME

RELATIONSHIP

HOME PHONE  -  -  WORK PHONE  -  -

### Medical Data

LIST ANY MEDICATIONS THAT YOU ARE CURRENTLY TAKING

ARE YOU CURRENTLY UNDER A PHYSICIANS CARE YES  NO  PLEASE LIST ANY DRUG ALLERGIES

DO YOU HAVE (OR HAVE YOU HAD) ANY OF THE FOLLOWING

<input type="checkbox"/> ASTHMA OR LUNG DISEASE	<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> DIABETES
<input type="checkbox"/> KIDNEY DISEASE	<input type="checkbox"/> HEART CONDITION	<input type="checkbox"/> FAINTING SPELLS OR DIZZINESS
<input type="checkbox"/> RHEUMATIC FEVER	<input type="checkbox"/> MENTAL ILLNESS	<input type="checkbox"/> OTHER <input type="text"/>

PLEASE EXPLAIN OTHER

FOR YOUR SAFETY PLEASE NOTE BELOW ANY HEALTH CONCERNS NOT LISTED ABOVE THAT MAY BE IMPORTANT FOR STAFF TO KNOW.

### Insurance Company Information

NAME

PHONE  -  -

POLICY NUMBER  GROUP NUMBER

### Parent/Guardian Information

- I do not know of any existing physical or additional health reason that would preclude participation in the Just For Kix event.
- I certify that the answers to the above questions are true and accurate and I approve participation in the activities.

**Please Read Carefully and Sign Below:** I/We the undersigned, and/or parent(s) or guardian(s) of the aforementioned Participant (if under 21 years of age), understand that all Participants are expected to conduct themselves in a mature manner regardless of age and the right is reserved to terminate participation in the event of gross misconduct.

I/We understand that a high level of performance is expected from each Participant. With this in mind, rehearsals will be long and strenuous and will take place regardless of weather conditions and/or rehearsal facilities.

I/We understand that chaperoned "free time" is generally offered. However, an assigned staff member may not be at the Participants side at all times.

I/We hereby grant permission, and hold harmless, Just For Kix, and/or its assignees(s), and/or medical personnel, and/or medical institution(s), to seek and/or provide any medical treatment(s) deemed necessary for prudent medical care.

I/We authorize any attending physician to medically treat the aforementioned Participant as deemed appropriate.

I/We understand that Just For Kix, acts only as an agent, and assumes no responsibility or liability in connection with companies through which accommodations, transportation, or meals are secured nor for any services of any carriage, vessel, aircraft, conveyance, or company used wholly or in part, in the performance of its duty to passengers, nor for any act, error, or omission, or any injury to person or property, loss, accident, delay, or irregularity, which may be occasioned by reason of any defect in any vehicle or through neglect of any company or person engaged in carrying out activities specified at the event.

I/We assume all risks and hazards incidental to such participation including transportation to and from activities: and do hereby waive, release, absolve, indemnify and agree to hold harmless the event, Just For Kix: employees, owners, instructors, organizers, sponsors, supervisors, participant and the person transporting the participant to and from the activities for any claim arising out of injury to the participant.

I/We hereby grant permission to reproduce any individual images taken by professional photographers and videographers during the scheduled event and production for promotional purposes.

I/We understand that in the event the a portion or all of the event is cancelled due to inclement weather, unacceptable performance conditions and deemed by the site manager, Acts of God or any other circumstances beyond the reasonable control of all parties involved, all other contractual obligations shall survive.

In consideration of my, or my child or ward's, participation in the Just For Kix event, I agree to assume full responsibility for the payment of all debts that I, or my child or ward, incur during my, or my child or ward's, visit to the Just For Kix event and to reimburse Just For Kix for any damages Just For Kix suffers due to my, or my child's or ward's, acts during that visit.

I/We have read all of the information sent, and understand and agree to all the event policies, including payment schedules and refund policy for cancellations.

PARENT OR GUARDIAN SIGNATURE  DATE  -  -

PARTICIPANT SIGNATURE  DATE  -  -

