

SPORTS MEDICINE: Medical and Liability Waiver for Alumni or Event



ERAU Sports Medicine Medical and Liability Waiver

Medical and Liability
Waiver
Updated: 6/24/2020

Activity: ALUMNI / EVENT Name: _____ Sport/Events: _____ Date(s) of Activity: _____

(First) (Last) DOB: _____ Age: _____
Emergency Contact #1: _____ Contact Phone: _____
Emergency Contact #2: _____ Contact Phone: _____
Primary Insurance Company & ID Number: _____

Medical Questions:

1. Do you have an ongoing illness, injury, or medical condition? If yes, please explain. _____ ☐ Yes ☐ No
2. Have you had a major injury or a current injury to any of the following? If yes, please list on appropriate line. _____ ☐ Yes ☐ No
Head/Neck: _____ Shoulder: _____ Back: _____
Knee: _____ Lower Leg: _____ Ankle: _____ Other: _____
3. Have you ever been diagnosed with a concussion? ☐ Yes ☐ No If yes, date (s) of concussion(s). _____
4. Have you ever been dizzy or passed out during or after exercise? If yes, when? Has condition been seen by a physician? If so, please explain. ☐ Yes ☐ No

5. Do you have chest pain or chest tightness during or immediately after exercise? ☐ Yes ☐ No

6. Are you taking any medications on a regular basis? ☐ Yes ☐ No If yes, what is the medication? Do you take it throughout the day? ☐ Yes ☐ No

7. Do you have any known allergies (Medications; Food; Insects; etc.)? ☐ Yes ☐ No If yes, please list allergies. Do you have an Epi-Pen? ☐ Yes ☐ No

8. Have you ever been tested for Sickle Cell Trait Disease? ☐ Yes ☐ No If yes, what were the results? _____

This Waiver, Release and Medical Release is presented to me by Embry-Riddle Aeronautical University ("ERAU") located at 1 Aerospace Blvd., Daytona Beach, FL 32114 for my voluntary participation and I agree to abide by the following:

For myself, my estate, assigns and representatives, I hereby release, indemnify, hold harmless and forever discharge ERAU, its trustees, officers, employees, and agents from any and all claims, liability, demands, lawsuits, and causes of action of any kind or nature, known or unknown, that I have or may have, arising from or related to my voluntary participation. I, for myself, my estate, assigns and representatives, hereby waive any and all claims of any kind or nature, known or unknown, for damages, injuries or losses to myself or my property arising from or related to my voluntary participation. Unless required by law or valid order of court, I shall not file, allow to be filed, consent to, or cooperate with any claim, cause of action, lawsuit, or demand of any kind or nature for injuries or losses to or by me arising from or related to my voluntary participation, and shall on demand defend and indemnify ERAU for any cost or expense associated therewith.

I understand that activities, of which I will voluntarily take part, can be dangerous and may cause or lead to injuries, including but not limited to, broken bones, concussions, comatose state and other very serious bodily injuries up to and including death. I acknowledge that I am sufficiently fit to voluntarily participate, and that I may examine the equipment and facilities. If it appears to be unsafe, I will notify the appropriate party and not use the equipment of facilities until such condition is corrected. My participation shall be conclusive proof that I was satisfied with the safety and condition of the equipment and premises.

I hereby consent that ERAU or its agent may arrange for or provide emergency medical care that appears reasonably necessary, or transportation to such care. I understand and agree that neither ERAU, nor its trustees, officers, employees, or agents shall provide medical insurance, nor will they pay any medical cost or expense incurred by me. I shall be responsible for the payment of all such expenses, including the costs of transportation or hospitalization. ERAU, therefore, strongly recommends that I obtain my own personal insurance fit to cover any related injuries or damage, and I hereby acknowledge that recommendation.

I agree that this Agreement shall be binding on my personal representatives, assigns, heirs, next of kin and successors in interest whether such injuries or losses are alleged to be caused in whole or in part by the negligence of the released parties. In witness whereof, I affix my signature below:

Printed Name

Signature

Date

Parent/Guardian Printed Name (if under 18)

Parent/Guardian Signature (if under 18)

Date