

JMJ TAMPA BAY, INC.
2018-2019 MEDICAL RELEASE FORM

A. Member's Children participating in MJJ:

_____	_____	_____	_____	☐ Male ☐ Female
First Name	Last Name	Birth Date	Age	
_____	_____	_____	_____	☐ Male ☐ Female
First Name	Last Name	Birth Date	Age	
_____	_____	_____	_____	☐ Male ☐ Female
First Name	Last Name	Birth Date	Age	
_____	_____	_____	_____	☐ Male ☐ Female
First Name	Last Name	Birth Date	Age	
_____	_____	_____	_____	☐ Male ☐ Female
First Name	Last Name	Birth Date	Age	
_____	_____	_____	_____	☐ Male ☐ Female
First Name	Last Name	Birth Date	Age	
_____	_____	_____	_____	☐ Male ☐ Female
First Name	Last Name	Birth Date	Age	

B. Primary Contact: Parent or Guardian

Name: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

C. Secondary Contact: Parent/Guardian/Other

Name: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

D. Insurance

Primary Insurance Co: _____ Primary Group/Policy #: _____

Family Physician Name: _____ Physician Phone: _____

CHECK HERE IF YOU OPT-OUT _____

If you choose to OPT-OUT of completing the insurance information and medical history form, PLEASE DO NOT FORGET TO HAVE BOTH PARENT SIGNATURES ON PAGE 3 OF THIS MEDICAL RELEASE FORM.

In the event the parent/guardian chooses to "OPT-OUT" of the request to provide medical information, MJJ and the parents and or teachers supervising their child/ren may not have critical information necessary to recognize or respond to an emergency medical situation, and by so electing you acknowledge and accept sole responsibility for any adverse consequences as a result of doing so, and will indemnify and hold MJJ, its members and volunteers harmless.

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I understand that there are certain risks involved in participating in these programs and I hereby assume such risk. 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 temperature or conditions. *I recognize the possibility of injury as described above associated with participating in this club, and hereby release, discharge, and otherwise indemnify MJJ, 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 MJJ, programs and/or being transported to or from the same, which transportation I hereby authorize.* The participant agrees that this waiver and release shall be binding on participant's personal representatives, heirs, assignees, and next of kin.

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my consent to have a coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the participant(s) listed above 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 of the participant(s) to a medical treatment facility should an individual listed above consider it to be warranted. I, as parent/legal guardian, 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 MJJ Tampa Bay, 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 any way associated with the activities of this program.

The member/participant has carefully read and understands the foregoing waiver and release and sign the release as the members/participant's own free act and that by signing the release, the member/participant makes a total and unconditional release of all claims against MJJ Tampa Bay, Inc.. The member/participant 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 participants represent that in executing this document, the party doing so has full authority to enter into this document with MJJ Tampa Bay, Inc. on behalf of themselves and acknowledge that MJJ Tampa Bay, Inc. is relying on the execution of this document in allowing the member/participant to participate in these programs.

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NOTICE TO THE MINOR CHILD'S
NATURAL GUARDIAN PURSUANT TO
FLORIDA STATUTE 744.301

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MJM TAMPA BAY, INC., ITS OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, VOLUNTEERS OR AGENTS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MJM TAMPA BAY, INC., ITS OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, VOLUNTEERS OR AGENTS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MJM TAMPA BAY, INC., ITS OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, VOLUNTEERS OR AGENTS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

In signing this release, I certify that:

- 1) I am at least (18) years old;
- 2) I have read and understand the Medical Release Form and have the authority to sign it on my own behalf and my child's (or children's) behalf;
- 3) I understand that I have given up substantial rights;
- 4) I agree and consent to abide by the terms of this release as set forth herein;
- 5) I understand treatment for injury will be based on information provided in the attached Medical History Form; and
- 6) This authorization shall remain in effect for 1 (one) calendar year from the date of signing, unless revoked in writing.

☐ **Parent/Guardian's Signature:** _____

☐ **Parent/Guardian's Signature:** _____

Children's Names _____