

JMJ TAMPA BAY, INC.
2022-2023 ADULT STUDENT LIABILITY WAIVER
AND MEDICAL RELEASE FORM

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

_____ Male Female
First Name Last Name Birth Date Age

B. Primary Emergency Contact:

Name: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

C. Secondary Emergency Contact:

Name: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

D. 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 TAMPA BAY, 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 TAMPA BAY, 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 coach, 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

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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 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 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 TAMPA BAY, 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 TAMPA BAY, INC., on behalf of themselves and acknowledges that JMJ TAMPA BAY, 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;
- 2) I have read and understand the Medical Release Form and have the authority to sign it on my own 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 one (1) calendar year from the date of signing, unless revoked in writing.

Printed Name: _____

Signature: _____

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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 JMJ should be aware:

IMMUNIZATIONS (please state month and year):

Tetanus _____ Polio _____ Measles (Rubella) _____