

ADULT EMERGENCY CONTACT Information

Participant Name: _____

Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Daytime #: _____ Cell #: _____

E-mail address: _____

Insurance Co: _____ Policy# _____

Personal Physician: _____ Phone# _____

Allergies (if any): _____

Pre-existing Conditions (if any): _____

Emergency Contact: _____ Phone# _____

Relationship to you: _____

Class: _____
Date: _____

Waiver of Liability/Authorization for Medical Care and Treatment/Photo Release:

As a participant of legal age, I hereby consent to participate in the program offered by Sokol New York. I recognize that potentially severe injuries, including strains, sprains, broken bones, permanent paralysis or death can occur in any activity involving height and motion, including, but not limited to gymnastics, ballet, tae kwon do, basketball, volleyball and other sporting activities. I understand and accept that risk. I also realize that I am responsible for monitoring my own condition throughout the program and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms immediately. I understand that it is strongly suggested that I obtain medical clearance to begin such an exercise program. I realize that I will be performing and training for events in my discipline on various training devices. I further understand that while the payment of tuition fees constitutes a part of the consideration due to Sokol New York, an additional and important consideration due to Sokol New York is this signed release form.

I hereby consent to and authorize the giving of all treatments, medications and procedures which are ordered by a PHYSICIAN and approved by a member of the Sokol Board of Instructors for the diagnosis, medical care and treatment for any condition which requires medical attention from actively participating in any Sokol activity.

I hereby agree to personally provide for the possible future medical expenses which may be incurred by me as a result of any injury sustained while training at, for or under the direction of Sokol New York. This Acknowledgement of Risk and waiver of liability, having been read thoroughly and understood completely is signed voluntarily as to its content and intent.

I hereby grant to Sokol New York and/or its legal representatives and assigns, the unrestricted right to use and publish the likeness, portraits, photographs, films or videos of me, or in which I may be included, for editorial, trade, advertising and any other purpose and in any manner and medium, and to copyright same. I hereby release Sokol New York and its legal representatives and assigns from all claims, royalties, and liability relating to the use of said likeness, portraits, photographs or films/videos.

I have read and agree to these terms.

Signature: _____ Date: _____