

2025 Empire State Games for the Physically Challenged Athlete Medical Information & Waiver

School Code	



PLEASE PRINT Athlete Last Name Athlete First Name Person to contact in case of Emergency Relationship to Athlete Emergency Daytime Phone Number Other Emergency Phone Number Area Code (Beeper, Cell Phone) Athlete Medical Information - please check the appropriate boxes YES Specify (_____ Allergies NO NO Specify (______ Medication YES NO Athletic limitations: Heart/blood pressure problems: YES Date of last seizure Seizure type controlled. Motor Impairment: Powerchair Wheelchair Walker or Crutches Gait Trainer Ambulatory BELOW MUST BE SIGNED FOR ATHLETE TO COMPETE: RELEASE OF LIABILITY & MEDICAL WAIVER READ ALL INFORMATION BEFORE SIGNING In consideration of this athlete's entry into the competition known as the Empire State Games for the Physically Challenged I, the undersigned, hereby release and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to my person or property arising out of the performance or failure of performance of Camp Smile Inc., the State of New York, the New York State Office of Parks, Recreation and Historic Preservation, it's sponsors, the owner of the site of competition I may be competing in, or the respective officers, agents, representatives, successors and/or assignees of the parties named above, from any and all claims, demands, and liability of every kind and nature, legal or equitable, occasioned by or arising out of my participation in the competition known as the Empire State Games for the Physically Challenged. I hereby consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement, promotional material, website, or exclusive television coverage of the Camp Smile Empire State Games for the Physically Challenged and without compensation to me. I recognize the challenges of the event(s) in which I have chosen to participate, and I assume all risks of personal injury or death in connection therewith. I attest that I am sufficiently physically fit to participate safely therein, and that I have not been advised otherwise by a qualified medical person. I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency. I also authorized the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediately available to do so; I understand that I am responsible for any charges incurred by me for medical treatment. I hereby agree that I will abide by the code of conduct as stated in the Empire State Games for the Physically Challenged application booklet, and if failing to do so, will abide by any penalties as stipulated by such. I DO NOT GIVE consent to allow my name to appear on the CSESGPC Website Roster and Results pages. Applicant's Signature (if under age 18, parent or guardian must also sign below) Date Below must be completed by Parent or Guardian of Participant under 18 years of age: Under age 18 Parent/Guardian Permission: By signing below, I certify that I am the parent or legal guardian of the applicant and have read the above content and the information provided, agree to the terms on behalf of the applicant, and grant permission for him/her to participate in the Empire State Games for the Physically Challenged. I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency. I also

Date

authorized the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not

immediately available to do so; I understand that I am responsible for any charges incurred for medical treatment.

Signature of Parent or Guardian (Athlete under 18)