

**2020 Empire State Games for the Physically Challenged
Athlete Medical Information & Waiver**

October 16 & 17, 2020 - The College at Brockport

| |
|-------------|
| 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

Area Code

(Beeper, Cell Phone)

Athlete Medical Information - please check the appropriate boxes

Allergies NO YES Specify _____

Asthma NO YES Medications _____

Athletic limitations: NO YES Specify _____

Heart/blood pressure problems: NO YES

Seizure type _____ controlled. Date of last seizure _____

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 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 ESGPC 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 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)

Date

Return this form by October 5, 2020 to: Empire State Games for the Physically Challenged, 350 New Campus Drive,

Brockport, B223B Tuttle North Building, NY 14420-2993 OR Fax to: (888) 863-7491

For more information, please visit our website at: www.empirestategamespc.org