2023 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 | Area Code (Beeper, Cell Phone)

Athlete Medical Information - please check the appropriate boxes

Allergies ☐ NO ☐ YES (Specify_____)

Asthma ☐ NO ☐ YES

Athletic limitations: ☐ NO ☐ YES

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 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 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 2, 2023 to: Empire State Games for the Physically Challenged,
SUNY College at Brockport, 350 New Campus Drive, Brockport, B223B Tuttle North Building, NY 14420-2993
Fax to: (888) 863-7491 Email to: smaxwell@brockport.edu