

School Code
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**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 4, 2021 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](http://www.empirestategamespc.org)**