



**Gridiron 101 Football Clinic
July 31, 2010**

**VALDOSTA STATE UNIVERSITY
RELEASE AND WAIVER OF LIABILITY
MEDICAL HISTORY FORM**

PLEASE PRINT NEATLY

**ALL AREAS OF THIS FORM MUST BE COMPLETED
AND SIGNED PRIOR TO CLINIC PARTICIPATION**

Participant's Name _____

Birth Date _____
MM/DD/YY

Does participant have allergies? No Yes, List: _____

Is participant currently on medications? No Yes, List: _____

Does participant have loss of a paired organ (kidney, eye, etc.)? No Yes, List: _____

**If you have a yes answer to any of the above,
you must include a physician's permission to participate.**

IN CASE OF EMERGENCY

Emergency Contact's Name _____

Home & Work & Cell Phone _____

Other Emergency Contact Name & Phone _____

Medical Insurance Co. Name _____

Policy Holder Name _____ Policy No. _____

Any instructions regarding your insurance _____

I hereby give permission for the staff of the clinic to seek, during the period of clinic, appropriate medical attention for the participant and for medical attention to be given and to receive medical attention in the event of an accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I, the undersigned, (**Print Participant's Name Here**) _____ understand that Gridiron 101 Football is an active, physical sport and that injuries can take place during play. I understand that, as with any sport, injuries can occur, and I hereby acknowledge that I am physically fit and mentally capable of participating in these clinic activities.

For the sole consideration of participation in the clinic as outlined, above I agree to indemnify and hold harmless Valdosta State University and the Board of Regents of the University System of Georgia their members individually and their officers, agents, and employees (current and former) from any and all claims, demands, claims for attorney's fees whatever kind or nature which might be asserted against them, rights and causes of actions of whatever kind, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representatives, dependents, or otherwise, arising from my participation in connection with my activities at and through Valdosta State University.

I hereby certify that I am eighteen (18) years of age or older, suffering under no legal disabilities, that I have read the foregoing document carefully and hereby sign this agreement voluntarily and for my own free will.

Participant's Signature _____

Date _____

Print Participant's Name _____