All Ohio Shine - Medical/Liability Release

Participant Name: _____ Parents: _____

Email: _____ Alternate Email: _____

Home # _____ Cell (Mom) _____ Cell (Dad): _____

Emergency Contact:

Name: _____ Relationship to athlete: _____

Phone Number(s): _____ _____ _____

Medical Information:

Medical Conditions: _____

Medical Restrictions: _____

Medications: _____ Allergies: _____

Insurance Information:

Name of Insurance Company: _____ Policy Number: _____

Name of Subscriber: _____ Primary Physician: _____

I, _____, being 18 years of age or older, do for myself or on behalf of my child participant, if said is a minor, do hereby release, forever discharge and agree to hold harmless All Ohio Shine (AOS), their owners, directors, coaches and any employees thereof from any and all liabilities, claims, or demands of personal injury, sickness, or death as well as property damage and expenses of any nature whatsoever which may incurred while in the facilities or on any trips due to competitions or performances.

Furthermore, I fully understand the risks associated with the usage of any and all equipment, class participation, and risks involved during performances and competitions. I (or on behalf of my minor child participant) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in classes, at performances and any all competitions. The undersigned further hereby agrees to hold All Ohio Shine (AOS) harmless, as a result of the negligent and willful or intentional acts of said participant, including expenses incurred attendant hereto.

I hereby grant permission to any licensed hospital and/or doctor to administer immediate Medical treatment as deemed necessary to my child should they be injured at anytime during summer camp practice, competitions, trips, and all other events related to the team. I understand that I am responsible for payment of expenses incurred relating to my child's participation in these events. I understand that All Ohio Shine (AOS) staff at all times provides the maximum safety procedures and guidelines, and therefore cannot assume responsibility from any accidents or injuries that may occur. I understand that there is a risk or personal injury associated with performing this type of activity and assume risk of such injury. I have read and understood this release and voluntarily sign this document and participate in this activity or allow my son/daughter to participate in this activity and hereby agree to this release.

I allow my child to be given the following medication(s) if necessary, while at the gym: ___Tylenol ____Ibuprofen

_____ _____

Print Name of Participant Date Participant Signature

_____ _____

Print Name of Parent Date Parent/Legal Guardian Signature