

## Participant Medical History Form - Newcombe Ranch

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Male ( ) Female ( ) Height \_\_\_\_\_ Weight \_\_\_\_\_ Phone Number \_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_ Phone \_\_\_\_\_

Name of Group \_\_\_\_\_

Do you have any medical or health conditions which you believe could affect your capacity to participate in this program? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please explain below.

\_\_\_\_\_

List any medications to which you are allergic \_\_\_\_\_

Please check Yes or No for the following as they apply to you:

	Yes	No	Description:
<b>I Have:</b>			
a physical disability	___	___	_____
had surgery in the last 6 months	___	___	_____
heart or circulatory problem	___	___	_____
problem with seizures	___	___	_____
sight, hearing or speech impairment	___	___	_____
asthma or respiratory problem	___	___	_____
arthritis or problems with joints	___	___	_____
allergies, diabetes or hypoglycemia	___	___	_____
headaches, dizziness, heatstroke	___	___	_____
reactions to bee stings or insects	___	___	_____
high blood pressure	___	___	_____
<b>Other:</b>			
are you pregnant?	___	___	_____

I understand that all participation in this program is by choice and that I may exercise the option to not participate in any aspect of this program (physical, cognitive, or emotional) if in my judgement I determine that I may be at risk or unable to participate for any reason. **In the event of an accident or emergency that renders me unable to communicate (or as the parent of a minor who cannot be contacted), I grant my permission for any medical care, operations, and charges which might become necessary.**

**Participant's Signature** \_\_\_\_\_ **Age** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

( If under 18 years old, Parent or Guardian must also sign )

Insurance: \_\_\_\_\_ Subscriber # \_\_\_\_\_ Group # \_\_\_\_\_

( If there is no insurance coverage, this section may be left blank )

**( OVER )**

**Accident Waiver and Release of Liability**

In consideration of JGC Tennis, Inc. d/b/a John Newcombe Tennis Ranch (“Newks” herin) providing its services and right of entry onto its premises to me:

**I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES AND EVENTS ASSOCIATED WITH MY PRESENCE UPON THE NEWKS PREMISES (RECOGNIZING THAT THE HISTORIC PREMISES CONTAIN POTENTIAL RISKS OF HARM), PHYSICAL ACTIVITIES THAT I MAY ENGAGE IN UPON THE NEWKS PREMISES (INCLUDING TENNIS, SWIMMING, ROPES COURSE, ETC.), AND OFF PREMISES PROGRAMMING, AND HEREBY RELEASE NEWKS AND ITS OWNERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES, FROM ANY AND ALL CLAIMS, LOSSES OR DAMAGES, INCLUDING BY WAY OF EXAMPLE AND NOT LIMITATION, ANY RISKS, CLAIMS, LOSSES OR ALLEGATIONS THAT MAY ARISE FROM NEGLIGENCE OR CARELESSNESS ON THE PART OF NEWKS, AND ITS OWNERS, EMPLOYEES, AGENTS, AND/OR REPRESENTATIVES WHO ARE HEREBY BEING RELEASED.**

I have no physical or mental illness that precludes my participation in Newks programs and activities in a safe manner for myself or others. I am not under the influence of drugs or alcohol which impairs my ability to maintain safety awareness or endanger others.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. I agree that all staff or authorized agents may, in their sole discretion, determine it is unsafe for myself or others for my participation to continue, remove me from the premises by any lawful means.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE FROM ANY AND ALL LIABILITY, INCLUDING BUT NOT LIMITED TO LIABILITY CAUSED BY THE NEGLIGENCE OR FAULT OF THE PARTIES HEREIN RELEASED FOR MY DEATH, DISABILITY, PERSONAL INJURY, PROPERTY DAMAGE, PROPERTY THEFT, OR ACTIONS OF ANY KIND WHICH MAY HEREAFTER OCCUR TO ME AND/OR MY MINOR CHILD IDENTIFIED BELOW;**
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE THE PARTIES RELEASED HEREIN FROM OR FOR ANY AND ALL LIABILITIES OR CLAIMS MADE AS A RESULT OF MY OR MY MINOR CHILD’S PARTICIPATION IN THIS ACTIVITY, EVEN IF CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHER THIRD PARTY.**

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand that while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose this authorizing entity assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT. I SIGN IT OF MY OWN FREE WILL.**

<b>Participants Signature</b>	<b>Date</b>	<b>Participants Name</b>	<b>(must be legible)</b>	<b>Age</b>
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<b>Parent/Guardian Signature</b>	<b>Date</b>
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(If under 18 years old, Parent or Guardian must also sign)

**( OVER )**