

# MEDICAL INSURANCE AND EMERGENCY INFORMATION

PARTICIPANT INFORMATION		
Participant Name	DOB	Cell Phone #
Street Address	City, State, Zip	
PARENT(S) INFORMATION		
Father Name		
Street Address	City, State, Zip	
Cell Phone #	Home Phone #	Work Phone #
Mother Name		
Street Address	City, State, Zip	
Cell Phone #	Home Phone #	Work Phone #
ALTERNATIVE EMERGENCY CONTACT (OTHER THAN PARENT)		
Name	Relationship	Contact Phone #
MEDICAL INSURANCE POLICY (A PHOTO COPY OF FRONT AND BACK OF CARD IS HELPFUL IF YOU ARE ABLE TO PROVIDE)		
Policy Holder's (PH) Name	(PH) Date of Birth	(PH) Employer
Insurance Company Name	Insurance Company Address	
Policy Number or Member ID		
Group Number (if applicable)	Insurance Company Phone	
EMERGENCY MEDICAL INFORMATION NECESSARY FOR EMERGENCY CARE (if none, please indicate)		
Current Medications:		
Current Allergies:		
Other Medical Concerns or Needs:		
Primary Care MD:	City, State:	Phone:
Date of last Tetanus or Tdap shot:		

# ASSUMPTION OF RISK, CONSENT TO TREAT, AND RELEASE OF LIABILITY

Concordia University reserves the right to refuse participation for activity if the information requested on this form is not provided, in full.

It is the individual's and/or parent's responsibility to see that the individual enrolled for activity is physically capable of attending and participating in all sessions. I consent my/my child's participation and acknowledge that I fully understand that participation may involve risk of serious injury or death, including losses which may result not only from my/my child's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risk associated with my/my child's participation with the activity coordinators and event staff, before I sign this document and before the activity begins. I authorize Concordia University to coordinate evaluation, care, and referral as it sees fit for any and all accidents, illnesses, and injuries that may arise/arise in my absence while I/my child is attending and participating in the activity.

In consideration of my/my child's participation in the activity, I hereby waive all claims or causes of actions against Concordia University and the officers, directors, employees, volunteers, and agents of all of them, arising out of my child's participation in the activity and hereby forever release, hold harmless, and discharge Concordia University and the officers, directors, employees, volunteers, and agents of each of them from all liability in connection therewith except such loss or damage which was caused by the sole negligence of willful misconduct of Concordia University and its officers, directors, employees, volunteers, and agents of each of them. Concordia University will not be held responsible for any medical costs incurred. It is your responsibility to confirm that your medical insurance policy provides sufficient and appropriate coverage for the activity.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Concordia University and the officers, directors, employees, volunteers, and agents of each of them is knowingly given up in return for allowing my/my child's participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

*By signing below, I acknowledge that all information I have presented on this form is accurate and current. Additionally I acknowledge that I have read, understand, and agree to everything presented to me on this form:*

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*(Signature of participant or parent/legal guardian if participant is under 18 years of age)*

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*(Date)*

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*(Print name of above signee)*

Note for any session(s) in which a Licensed Athletic Trainer will be present:

If any questions or concerns need to be discussed with the Athletic Trainer prior to the activity, please contact the activity coordinator. Absolutely no over-the-counter medications will be provided by Concordia University, under any circumstance. As needed, we will store and administer personal medications as directed in writing.