



The KliNiC

2022 MEDICAL FORM & WAIVER

Note: This form is required in order to participate in The KliNiC Basketball Workouts. Participation will not be permitted until this form has been completed and signed by a Parent or Guardian and is on file with the KliNiC staff.

PLEASE PRINT USING BLACK INK

PARTICIPANT INFORMATION:

NAME: _____ AGE: _____ DATE OF BIRTH: _____
First Middle Last
HOME ADDRESS: _____
City State Zip Code

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN #1 NAME: _____
First Middle Last
HOME ADDRESS: _____
City State Zip Code
PHONE: Home (____) _____ Mobile (____) _____

PARENT/GUARDIAN #2 NAME: _____
First Middle Last
HOME ADDRESS: _____
PHONE: Home (____) _____ Mobile (____) _____

If above Parents/Guardians are not available in an emergency, please notify:

OTHER/EMERGENCY CONTACT PERSON: _____
First Middle Last
HOME ADDRESS: _____
PHONE: Home (____) _____ Mobile (____) _____

MEDICAL INFORMATION

MEDICAL CONDITIONS

Does participant have any medical conditions that we should be aware of? E.g. Asthma, heart conditions, emotional or mental health issues _____

ALLERGIES

Medication Allergies (Please list all medications participant is allergic to and describe reaction and mgmt of reaction)

Other Allergies (Please list any other allergies participant may have) e.g. Foods, Hay fever, pollen

Release of Liability: I hereby release and discharge, indemnify and hold harmless The KliNiC Workout/Kashif Hameed, Enterprises, and their member's officers, agents, employees, volunteers, and any other persons or entities acting on the behalf (collectively known as the "Released Parties"), and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, cost and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any property loss and/or bodily injury and/or disability, arising from my child's participation in The KliNiC's activities. I further agree not to bring suit or other proceedings against any of the Released Parties on any claim or right of action nor to pursue any such claim or right of action in any suit or other proceeding brought by another.

Consent for Treatment: Should the child/participant suffer injury or illness during The KliNiC, the undersigned hereby authorizes any representative of the Released Parties to authorize such medical attention as may be deemed appropriate by said representative under the circumstances. Every attempt will be made to contact the parent or guardian to inform you of the need for any medical attention beyond minor first aid, if necessary. The undersigned agrees to bear the costs of all medical care and procedures required. The undersigned hereby releases the Released Parties, their respective directors, Coaches, and employees from any claim arising out of any medical treatment the undersigned may require.

Permission for Photos/Videos: I grant full permission to the Released Parties to use my child's name and likeness, where lawful, with no obligation to compensate me, in connection with any photographs, videotapes, motion pictures, recordings, or other records, whether print, online, audio or video, of The KliNiC one-day experience.

Permission for Termination: I acknowledge that should my child/participant fail to keep and obey all rules and regulations prescribed by the Released Parties, its respective directors, officers, and employees while participating in the event, the Released Parties my, in its sole and absolute discretion, terminate his or her participation in the one-day experience. Any additional costs incurred by reason of the termination and/or as a result of the child/participant being sent home will be the sole responsibility of the undersigned and/or his guardian.

Parent/Guardian Authorization

I represent and warrant that I am the parent and/or legal guardian of the child participant and have the right to execute this Medical Form and Waiver on his or her behalf. I hereby irrevocably and unconditionally (a) agree to and confirm that this health history is correct and complete as far as I know. My child/participant herein described has permission to engage in all activities except as noted. (b) agree not to take any actions that would assist or cause the above-named to invalidate, renounce, negate, revoke, or disclaim any part of this Medical Form and Waiver. I further agree to defend and indemnify the Released Parties for any and all claims asserted against them arising from or related to the participation of the above-named in the Event.

Signature of parent/guardian _____

Printed name _____ Date _____