

## USA Hockey Consent To Treat/Medical History Form



| This is to certify that on this da   | ite, I  | , as parent o   |  |  |
|--|---|---|--|--|
| guardian of, (athlete participant), or for myself a                                |   |   |  |  |
|  |   | al representative to obtain medica  |  |  |
|  |   | nentioned participant, for any injury                                       |  |  |
| that could arise from participatior  | n in USA Hockey sanctioned eve  | nts.  |  |  |
| If said participant is covered by a  | ny insurance company, please o  | complete the following:   |  |  |
| Insurance Company:   |   | •   |  |  |
|  |   |   |  |  |
| •  |   | Date:   |  |  |
| •  | istered team participants. For fu                                     | , exclusions and certain limitations<br>rther details visit usahockey.com o |  |  |
| EMERGENCY CONTACT  |   |   |  |  |
| Name:  |   | Phone: ()   |  |  |
| Address:   |   |   |  |  |
|  |   | Zip Code:   |  |  |
| Physician's Name:  |   | Phone: ()   |  |  |
| Hospital of Choice:  |   |   |  |  |
| COMPLETION OF MED  | DICAL HISTORY INFORMATIO  | N BELOW IS OPTIONAL   |  |  |
| MEDICAL HISTORY  If the answer to any of the for implications for proper first aid | ollowing questions is yes, pleas<br>treatment on the back of this for | se describe the problem and its m.  |  |  |
| Head Injury<br>(concussion, skull fracture)  | ☐ Asthma  | Allergies   |  |  |
| ☐ Fainting spells  | <ul><li>High blood pressure</li><li>Kidney problems</li></ul>         | ☐ Diabetes  |  |  |
| ☐ Convulsions/epilepsy   | ☐ Hernia  | Other   |  |  |
| ☐ Neck or back injury  | ☐ Heart murmur  |   |  |  |
| Have you had (or do you curre  | ently have) any of the following                                      | g?  |  |  |
| Have you had a recent tetanus  | booster? 🔲 Yes 🔲 No 🏻 If  | yes, when?  |  |  |
| Are you currently taking any medi  | cations? 🔲 Yes 🔲 No If yes  | , please list all medications on back.                                      |  |  |
| Has a doctor placed any restricti  | ons on your activity? 🔲 Yes 🔲   | No If yes, please explain on back.  |  |  |



## PARTICIPANT RELEASE OF LIABILITY

READ BEFORE SIGNING

| Organization                       | Name: ASA A  | TOCKEY  | -CE.                     | NTRAL DISTRICT  |  |  |
|------------------------------------|--|---|--------------------------|---|--|--|
| Participant N                      | Name:  | ,   | 4                        |   |  |  |
| In consideratio                    | on of being allowed to participa appreciate, and agree that:   | te in any way in the p                        | orogram, rela            | ted events and activities, I, the undersigned,  |  |  |
| 1.                                 | The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,   |   |                          |   |  |  |
| 2                                  | I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,  |   |                          |   |  |  |
| 3.                                 | I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,  |   |                          |   |  |  |
| 4.                                 | I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CITY OF AMES, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. |   |                          |   |  |  |
| TERMS, UNDE                        | THIS RELEASE OF LIABILIT<br>RSTAND THAT I HAVE GIVE<br>Y WITHOUT ANY INDUCEME  | N UP SUBSTANTIAL                              | N OF RISK A<br>RIGHTS BY | AGREEMENT, FULLY UNDERSTAND ITS<br>SIGNING IT, AND SIGN IT FREELY AND   |  |  |
|                                    | X  |   |                          |   |  |  |
|                                    | Participant's Signature  |   | Age                      | Date  |  |  |
|                                    | FOR PARENTS/GUUNDER  | J <b>ARDIANS OF PART</b><br>AGE 18 AT TIME OF | REGISTRA                 | F MINOR AGE<br>TION)  |  |  |
| provided above of harmless the Rel | of all the Releasees, and for mys<br>leasees from any and all liability  | elf, my heirs, assigns, incidents to my minor | and next of ki           | nt, do consent and agree to his/her release as in, I release and agree to indemnify and hold wement or participation in these programs as SEES, to the fullest extent permitted by law. |  |  |
|                                    | ant/Guardian Signature   | Date  |                          | Emergency Phone Number(s)   |  |  |
|                                    |  |   |                          |   |  |  |