

## Medical Release Form

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email Address: \_\_\_\_\_; SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present injury/illness  No  Yes (if yes please note) \_\_\_\_\_

Previous Blackouts, fainting spells, or seizures?  Yes  No

Known History of Heart Problems or Heart Murmur?  Yes  No

Have you been diagnosed any of the following:  Yes  No

Cardiovascular Diseases  Yes  No

Orthopedic Diseases  Yes  No

Diabetes  Yes  No

HIV  Yes  No

Asthma or Breathing Problems  Yes  No

Other Immune Diseases: \_\_\_\_\_; Others \_\_\_\_\_  Yes  No

Please list any prescribed or over-the-counter medications that you are presently taking: \_\_\_\_\_

Are you allergic to any medications? (Please list, if yes)  Yes  No

To the best of my knowledge all of the above information I have given is accurate and up-to-date. By signing this form I agree to abide by all rules and regulations set forth by the Shaolin Chan Foundation/ KSF, Shaolin Institute

Printed Name

Date

Signature

I, the undersigned, knowingly and without duress, do voluntarily submit this form to the said Shaolin Chan Foundation/ KSF, Shaolin Institute and affiliates. I do hereby assume all risk of personal, physical, or mental disabilities, injuries or losses, which may result from participating in Shaolin Chan Foundation/ KSF programs and; acting for myself, my heirs, personal representatives, and assignees, I hereby release the said Shaolin Institute/ Shaolin Chan Foundation/ KSF, Shaolin Institute and affiliates, their officers, agents, representatives, servants, employees, and all other related members from all claims, actions, suits, controversies, claims at law or in equity by stand that there is a risk of injury in all activities or programs, and I assume full responsibility for my actions, during and in connection with the said Shaolin Chan Foundation/ KSF, Shaolin Institute and affiliates; **I understand and agree that SHAOLIN CHAN FOUNDATION/ KSF, SHAOLIN INSTITUTE and Affiliates will not be held liable for any injuries, illness, damages, etc. caused or not caused by or resulting from the negligence of the owners, operators or persons in charge of such establishment or their agents, servants or employees.** I further consent that any photos furnished by me, or any photos/videos taken of me in connection with the Shaolin Chan Foundation/ KSF, Shaolin Institute and affiliates be used for publicity, or television and I waive all compensation in regards thereto.

By signing your name and date below - you indicate that you consent to the Statement of Waiver & Release of Liability above and that you are at least 18 years of age. For individuals under 18 years of age, a parent must sign in lieu of the minor:

Signature of Student or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Shaolin Chan Foundation/ KSF, Shaolin Institute/ and affiliates** reserve the right to cancel any events at any time without notice.

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