

Creating Future Generations of Champions

RIPPLE Clinic Student Medical Release

Please print, fill out, sign and return these forms with registration:

Participant's Name: _____

Participant's Address: _____

City: _____ State: _____

Zip Code: _____ Tel: () _____

Family Physician: _____ Insurance Co: _____

Policy Number: _____ Tel: () _____

Please check those that apply:

Chronic Ailments:

- Asthma or other respiratory problems
- Circulatory or heart problems
- Diabetes or hypoglycemia
- Hemophilia or other bleeding problems
- Epilepsy

Allergies:

- Bee stings or other insect bites Foods
- Medications Other, if significant

Date last Tetanus shot: _____ Current medication(s) if any: _____

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical Or surgical diagnosis rendered under the general or special provisions of the Medical Practice Act Or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute General hospital holding license to operate for the State of Oregon Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or Hospital care being required but is given to provide authority and power to render care which the Aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the Patient, but that any of the above treatment will not be withheld if the undersigned cannot be Reached.

Signed: _____ Date: _____

(If over 21 participant if under 21, Mother, Father or Legal Guardian)

In case of Emergency, Please Notify: Name: _____

Or _____ **Tel/Cel:** _____

Swimming Certification: Assumption of Risk and Release

I, the undersigned parent/guardian of the student named above hereby certify that such child can swim at least 50 meters (approx. 100 yards), and has the required water sports proficiency and do not suffer from any illness that render him/her unfit for or unable to perform the activity. Participants aged below 18 have obtained their parents/guardian consent or the consent of the person authorized by their parents/guardian to take part in this activity. By participating in the activity, the parent/guardian hereby acknowledges their assumption of all risks of participating in the activity, and agrees that Columbia Gorge Racing Association and its officers, directors, agents, servants and volunteers shall not be liable for any injury or death due to such child's participation or inadequacy in health care or fitness.

Signed: _____ Date: _____

Print Name: _____