



PHOENIX MULTISPORT DISCLOSURE AND MEDICAL INFORMATION FORM
(DMIF)

Date: _____

Disclosure:

Phoenix Multisport's (PM) programming involves a variety rigorous physical outdoor managed risk activities. (The level of participation in a PM activity is at all times completely up to the individual's choice.) There are differing levels of risks in these activities, which must be assumed by each participant. An individual may suffer an emotional or physical injury or disability.

By signing this form and participating in the PM activities, you and your parent/legal guardian agree, with the intent to be legally bound by your agreement, to release PM from any and all causes of action for injury, property damage, or any other type of liability claim whatsoever. You also agree that you have answered all of the questions on this form truthfully and that PM staff and its employees can rely on those answers.

PM policy for participation in all activities requires that the participant's health and accident insurance provide their primary coverage. PM reserves the right to refuse services to those persons not covered by health and accident insurance and/or to those persons who present an unreasonable risk to themselves or others when engaging in activity(ies).

Certain health and medical information must be made known to the PM instructors conducting the program prior to the start of risk activities. This information is used exclusively to help with preparations to respond appropriately if the need arises, and is not made available for other purposes.

Please complete fully the form below and on the back of this page. Return the completed form to the PM Event Leader prior to participation.

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PARTICIPANT INFORMATION

please print

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Health / Accident Insurance Co.: _____

Name on Policy: _____ Policy Number: _____

Emergency Contact: _____

Relationship: _____

Medical Information

1. Do you have any limiting physical disabilities, handicaps, or chronic joint conditions (temporary or permanent)? Do you have a history of back injury(ies), pain, or chronic back problems? Please include a history of musculoskeletal problems (breaks, fractures, sprains, strains, etc).

2. Are you currently taking medication(s)? If so, list the type of medication, for what condition it is prescribed, and the recommended dosage. The participant must bring adequate amount of medication in a waterproof, non-breakable container(s).

Medication	Condition(s)	Dosage(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Have you had or do you now have asthma, diabetes, thyroid trouble, bleeding problems, epilepsy, hypertension, elevated cholesterol or triglycerides, history of chest pain with exertion, cardiac condition(s), or any type of arthritis?

If so, please explain: _____

4. Are you allergic to any medications (e.g. penicillin, aspirin, sulfa drugs), foods (e.g. milk, seafood, peanuts), insect bites (e.g. bees, wasps, spiders), or other environmental substances (e.g. dust, ragweed, poison ivy)?

If so, please explain (**giving details and dates of last reactions and treatment given**): _____

5. Do you have any special dietary restrictions? If so, please give details: _____

6. Please list additional medical history that may be pertinent: _____

I have read the enclosed information and understand the physical and stressful nature of the PM Programming. I have registered any medical or physical conditions that might affect my ability to participate in any activity or safely receive medical attention in the event of an emergency. As a participant, I will at all times wear any required equipment, and follow the directions of the facilitators and instructors.

Permission is granted by those signed below for any emergency medical care, anesthesia and/or surgical procedures, which might become necessary.

Participant Signature: _____

Date: _____