

L.I.F.E. Program Youth Medical Release Form
Kansas State University Department of Kinesiology

Child's Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Gender: M F (Circle one)

Group/Coach affiliated with (if applicable): _____

Father/Guardian: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Mother/Guardian: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

List any medical problems that may limit or interfere with activities at the L.I.F.E. Program:

Emergency Contacts:

Person to Notify: _____ Relationship: _____
Phone: _____

Doctor: _____ Phone: _____

Release:

I understand, being a parent or legal guardian of the child requesting the use of the L.I.F.E. Program facilities for team use, does hereby affirm that the applicant is in good health and suffers from no illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed above and approved.

Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

The undersigned hereby expressly agrees to be responsible for any medical bills incurred in the treatment of any illness or accident of the applicant. In the event of any such accident of injury, I hereby consent to allowing any of the L.I.F.E.

Program employees to procure any medical treatment deemed advisable and necessary on behalf of my child ward without prior consent. I understand and acknowledge that no primary medical insurance is provided by the L.I.F.E. Program or by Kansas State University.

The undersigned, in consideration of the applicant's use of the L.I.F.E. Program facilities, on behalf of the applicant hereby releases Kansas State University, State of Kansas, and their officers, agents, and employees from any and all liability for personal injury or property damage arising out of or connected with said participation, including liability for negligence.

Printed Name of Participant (Minor) _____

Printed Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ Date _____