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MEDICAL INFORMATION FORM

ALLERGIES / HEALTH CONDITION

NAME : _____

ADDRESS : _____

PHONE : _____

EMERGENCY CONTACT : _____ PHONE: _____

Parent's/Guardian Acknowledgement: I verify that my child has been checked by a licensed physician prior to coming to the Pinnacle Squash and is physically able to participate fully. I understand the inherent risks involved and I do hereby assume all risks included in my son's/ daughter's participation in such activities. I assume all risks resulting from the participation in the Yale University and the squash academy, and will hold harmless the Pinnacle Squash and its employees of any and all liability, actions, cause of actions, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participation in any of its activities.

Signature of Parent/Guardian: _____ Date: _____

Insurance Carrier and Policy #: _____

I understand that neither the Pinnacle Squash or anyone representing the program is held liable for any accident and/or medical expenses incurred as a result of participation in the program. The applicant is in good health and able to participate in the activities of the program.

Signature of Parent/Guardian: _____



RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the **Pinnacle Squash LLC** program, its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:

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 skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, 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 Company 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 **YALE UNIVERSITY AND PINNACLE SQUASH LLC**, their officers, officials, agents and/or employees, or other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity (“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.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date Signed: _____
PARTICIPANT’S SIGNATURE



FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES to the fullest extent permitted by law.

X _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE

PARENT/GUARDIAN'S NAME: _____

Emergency Phone Number: _____