

Rhythm X, Inc.

Medical Release



Last name

First name

Middle name

Age

_____/_____/_____
Birthdate

Insurance cardholder name

Relation to member

_____/_____/_____
Birthdate

Insurance company name: _____

Insurance company address: _____

Policy #: _____ Group #: _____ Phone #: _____

MEDICAL AGREEMENT AND AUTHORIZATION:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

I grant permission to the management staff of the Rhythm X, Inc. to act as guardian and spokesperson in granting permission for emergency treatment and/or hospitalization for the person herein described in the event it becomes necessary.

I hereby give approval of participation in any and all activities during the season. I do hereby waive, release, absolve, indemnify Rhythm X, Inc. and its staff, administration, sponsors, partners, supervisors, hosts, participants, and people transporting to and from activities, from any claim arising out of injury to my child, except to the extent and in the amount covered by accident insurance.

Member signature and date

Parent/guardian signature and date (if under 18)

- PLEASE COMPLETE OTHER SIDE -

Last name

First name

Middle name

MEDICAL HISTORY

Do you have any allergies? (circle one) YES NO

Explain: _____

Are you currently taking any medication? (circle one) YES NO

Explain: _____

Please list any important conditions that you have: _____

Please list dosages of over-the-counter medication you take if it differs from the regular adult dose on the label:

Pain relievers (Tylenol, Advil, Ibuprofen, Acetaminophen, Aspirin): _____

Nausea (Pepto Bismol, motion sickness, etc.): _____

Cold/Flu/Cough (Sudafed, Tylenol Cold and Flu, etc.): _____

Allergies (Benadryl, Claritin, other antihistamines): _____

Please list any other relevant medical information (physical or behavioral):

Please list any equipment needed (braces, glasses, contact lenses, etc.):

DOCTOR AND DENTIST INFORMATION

Primary physician: _____ City: _____ Phone: _____

Dentist: _____ City: _____ Phone: _____

Orthodontist: _____ City: _____ Phone: _____

Rhythm X, Inc.

Photo & Video Release

of a Minor



I hereby authorize Rhythm X, Inc. permission to use the image, video footage, and likeness of my child in any and all of its publications, including - but not limited to - all of Rhythm X, Inc.'s printed and digital publications. I understand and agree that all such media will become property of Rhythm X, Inc. and will not be returned.

I acknowledge that I will receive no financial compensation for the use of my child's image and likeness.

I hereby irrevocably authorize Rhythm X, Inc. to edit, alter, copy, exhibit, publish, or distribute this media for purposes of publicizing the programs of Rhythm X, Inc. or for any lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any rights to royalties or other compensation arising or related to the use of the media where my child appears.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Parent Signature

____/____/____
Date

Parent Name - *Please print*

Child's Name

Rhythm X, Inc.

Photo & Video Release

of an Adult



I hereby authorize Rhythm X, Inc. permission to use my image, video footage, and likeness in any and all of its publications, including - but not limited to - all of Rhythm X, Inc.'s printed and digital publications. I understand and agree that all such media will become property of Rhythm X, Inc. and will not be returned.

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Signature

_____/_____/_____
Date

Name - *Please print*