

# Participant Release Form



www.thrivetothrive.com

jonpt@live.com

**Waiver:** Intending to be legally bound, I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all of my rights of claims for damages which I or my child may have or hereafter accrue to me or my child against the staff of THRIVE, LLC facility or assigns/affiliates, and for any or all damages which may be sustained or suffered by me or my child in connection with this organization or with participation in events associated with this organization. I further authorize and give permission to any and or all staff members to seek and give medical attention and treatment for my child, should such a situation or need arise.

**Assumption of Risks:** This use of property, facilities, staff, equipment, and/or services carries with it certain inherent risks that cannot be eliminated regardless of the utmost professional care taken to avoid injuries. Some of the activities involve situations, environments, or activities that may lead to illness, physical injuries, and psychological stress or damage.

The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, sprains, and embarrassment 2) major injuries such as joint or back injuries, broken bones, heart attacks, head injuries, and psychological trauma 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by THRIVE, LLC. I hereby assert that my and or my child's participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to indemnify and hold the facility in use, its owners, officers, employees, and agents harmless from and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement with **THRIVE, LLC** and to reimburse them for any such damages or expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgement of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Media Release Form



[www.thrivetothrive.com](http://www.thrivetothrive.com)

[jonpt@live.com](mailto:jonpt@live.com)

I hereby give permission for \_\_\_\_\_ to be filmed and viewed on any media source chosen by the staff at THRIVE to promote any of the specific services that are performed at or by THRIVE and to encourage other and or future athletes to participate. THRIVE may also show any type of training or other activities to encourage and may also be used for helping any possible recruiting process with any university that may be interested in your or your child's athletic abilities. The site that will most likely be used will be Youtube.com due to the high use of the website by most of the population, but this does not limit THRIVE to only use one or any specific mentioned site or source. It is understood that these videos will be edited in such a way as to promote THRIVE, it's Staff, the services offered and also the athletic ability of any of the athletes demonstrating that particular service.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Participant    Date

\_\_\_\_\_  
Signature of Parent/Guardian    Date

# Medical History Form



www.thrivetothrive.com jonpt@live.com

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

**(1) Have you had or do you have any of the following? (Please check if Yes)**

Asthma \_\_\_ Anemia \_\_\_ Aneurysm \_\_\_ Heart Attack/Disease \_\_\_ Angina/Chest Pain \_\_\_ Diabetes \_\_\_ High Cholesterol \_\_\_  
Epilepsy \_\_\_ Abnormal EKG \_\_\_ High Blood Pressure \_\_\_ Stroke \_\_\_ Respiratory Disease \_\_\_ Low Blood Pressure \_\_\_  
Rapid Heart Beat \_\_\_ Disease of Arteries \_\_\_ Varicose Veins \_\_\_ Irregular Heart Beat \_\_\_ Fibromyalgia \_\_\_ Lyme Disease \_\_\_  
Lupus \_\_\_ Other: \_\_\_\_\_

**(2) Do you have any of the following that may limit your ability to exercise? (Please check and explain)**

Arthritis \_\_\_ Hip/Pelvis Injury \_\_\_ Shoulder Injury \_\_\_ Bone Fracture \_\_\_ Knee Injury \_\_\_ Tennis Elbow \_\_\_ Ankle/Foot Injury \_\_\_  
Back Injury \_\_\_ Wrist/Hand Injury \_\_\_ Calcium Deposits \_\_\_ Nerve Damage \_\_\_ Head/Neck Injury \_\_\_ Other \_\_\_  
Details: \_\_\_\_\_

**(3) Have any of your relatives ever had any of the following?**

Diabetes Mellitus \_\_\_ Heart Operations \_\_\_ High Cholesterol \_\_\_ Heart Attack/Disease \_\_\_ High Blood Pressure \_\_\_ Stroke \_\_\_

If yes, note the relationship and age: \_\_\_\_\_

**(4) Has your physician ever advised you against exercise? ( ) YES ( ) NO**

Name of your Primary Care Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_

**(5) Are you currently receiving Physical Therapy? ( ) YES ( ) NO** Details: \_\_\_\_\_

**(6) Are you presently taking any medications? ( ) YES ( ) NO**

If yes, please list names and dosages: \_\_\_\_\_

**(7) Are you currently on a specific diet? ( ) YES ( ) NO** Please explain: \_\_\_\_\_

**(8) Do you smoke? ( ) YES ( ) NO** If yes, at what age did you start? \_\_\_\_\_ If you stopped, date you quit: \_\_\_\_\_

**(9) When exercising, including stair climbing, do you ever experience any?:**

Chest Pain \_\_\_ Dizziness \_\_\_ Shortness of Breath \_\_\_ Chest Pressure \_\_\_ Leg Pains \_\_\_ Unusual Fatigue \_\_\_

If so, how often: ( ) Rarely ( ) Occasionally ( ) Often ( ) Always

**(10) How would you rate the stress level of your job?** ( ) Very Little ( ) Somewhat ( ) Moderate ( ) Heavy

**(11) How would you rate the amount of physical activity at work?** ( ) Very Little ( ) Little ( ) Moderate ( ) Active ( ) Very Active

**(12) Are you currently involved in an exercise program? ( ) YES ( ) NO**

Describe: \_\_\_\_\_

**(13) Have you ever had a stress test? ( ) YES ( ) NO** If yes, please note date and explain results: \_\_\_\_\_

**(14) Please list any hospitalizations, including dates and reasons for stay:** \_\_\_\_\_

**(16) Any other medical concerns not previously mentioned?** \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date