

Medical & Liability Waiver Form

Effective June 2024-May 2025



Beater's Information

Beater's Name _____ Group: WGTB BTB

Address _____

City _____ State _____ ZIP Code _____

Phone - Home (_____) _____ Work (_____) _____

Cell (_____) _____ Email _____

Beater's Birthdate _____ Beater's Age _____

Beater's Gender _____ Date of Last Tetanus Shot _____

Allergies _____

Food Restrictions _____

Activity Restrictions _____

Physician _____ Phone (_____) _____

Emergency Contact

In Emergency, Notify:

Name _____ Phone (_____) _____

Relationship to Beater _____

Medical Release

This health history is correct so far as I know and this person has permission of the undersigned to engage in all activities except as noted. In case of illness or injury, Brenda Myers/We Got the Beat/Beyond the Beat/Jazz Fresno has my permission to procure medical treatment for the above named (minor, if applicable). I understand Brenda Myers/We Got the Beat/Beyond the Beat/Jazz Fresno does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any/all such fees and charges arising from illness or injury that may occur.

Liability Release

The undersigned, for himself or herself and on behalf of his or her child(ren) or ward(s) and their personal representatives assigns or heirs, (hereinafter referred to as Releasers,) hereby releases and agrees and covenants not to sue Brenda Myers/We Got the Beat/Beyond the Beat/Jazz Fresno, their owners, directors, stock holders, agents, successors, or any employee, (herein after referred to as Releasees,) from any and all liability or loss, damage, injury, death, or any other claim whatever to the person or property of any guest or participant whether caused by negligence of Releasees or any other person or thing while participating in activities sponsored by or associated with Brenda Myers/We Got the Beat/Beyond the Beat/Jazz Fresno. The undersigned elects to participate and/or allow his or her child(ren), ward(s), to participate voluntarily and assumes all risk of loss, damage, injury or death, known or unknown, foreseen or unforeseen that may be sustained.

YOU HAVE THE OPTION NOT TO PARTICIPATE OR ALLOW YOUR CHILD, CHILDREN, WARD OR WARDS NOT TO PARTICIPATE IN ANY ACTIVITY WHERE YOU DO NOT WISH TO WAIVE LIABILITY. IT SHALL BE YOUR RESPONSIBILITY TO ENSURE THAT YOUR CHILD, CHILDREN, WARD OR WARDS DO(ES) NOT PARTICIPATE IN THE ACTIVITIES FOR WHICH YOU CHOOSE NOT TO BEAR LIABILITY.

The undersigned has read and voluntarily signs this medical release and waiver of all liability.

Parent/Guardian Signature

Date Signed