



Medical History

Name: _____ Age: _____ Gender: M F

Street: _____ City: _____ Zip Code: _____

Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

List any prescription medications you are currently taking:

List any allergies:

Waiver

Release

I understand that participation in the Senior Sports Games is a potentially hazardous activity. In consideration of your acceptance of my entry, I for myself, and anyone acting on my behalf, waive and release all sponsors, officials, volunteers, their representatives, and successors of the Senior Sports Games and the Irmo Chapin Recreation Commission from any and all claims of injury or damage resulting from my participation in this event. I realize that this is a strenuous event that requires proper physical conditioning for participation. I hereby certify that I am in such physical condition.

Print Name: _____ Date: _____

Signature: _____