



Medical Release Form

Date: _____ Name: _____ Age: _____

Cell Phone: _____ Home #: _____ Work: _____

Address: _____ City: _____ Zip Code: _____

Other emergency contacts and phone: _____

Please let us know if you can participate in the following activities:

- Active exercises such as running, jumping, playing tag, aerobics, dance, etc.
- Sports such as soccer, basketball, volleyball, field hockey, etc.
- Lift boxes, Heavy Equipment, Operate Manual Fork-lift
- Other: _____

- Please list any physical limitations: _____

Participating / Volunteering in CREER Programs may include handling foods and drinks. (Snacks and drinks may also be served at the Programs.). Please list any foods or drinks you cannot touch or eat:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Shellfish |
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Nuts |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Strawberries |
| <input type="checkbox"/> Soy | <input type="checkbox"/> Others: _____ |

Do you require an Epi-Pen? ____ Yes ____ No If yes, please bring the pen to all activities, and you must have it at all times during the activities.

The activities will take place at:

- CREER Comunidad y Familia Office
- Family Resource Center
- City / County / School Property: Facility Name: _____
- Other: _____

In the event of an emergency, I authorize the CREER Comunidad y Familia staff and volunteers or contractors to secure from any licensed hospital, physician and/or medical personnel (911 services) any treatment deemed necessary for my immediate care in case I become disable and I agree that I will be responsible for payment of any and all medical services rendered.

I certify that I am an adult in full mental and physical capacity to participate in the activities as described above. I certify that I am physically fit and able to participate in these activities and waive, release and discharge the CREER Comunidad y Familia staff and/or volunteers, and/or the City, County or other organization whose facilities are being used for this program, and their respective officers, employees, representatives, agents, and contractors (collectively, the "Released Parties") from any and all liability, claims or causes of action for injuries, illness, damages or loss which I may sustain while participating / volunteering in the activities.

Signature of Adult Volunteer: _____ Date: _____

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