



ERAU SPORTS MEDICINE QUESTIONNAIRE

Participant Information

Sport: Soccer

Date of activity: July 28th – July 30th, & August 2nd – 3rd, 2025

Name: _____
(First) (Middle) (Last)

Date of Birth: _____ (mm/dd/yyyy) Age: _____ Phone Number: _____

Emergency Contact: _____ Contacts Phone Number: _____

Primary Insurance Company & ID Number: _____

Medical Questions:

1. Is the Participant under treatment for medical or psychological condition? _____ Yes (explain) _____ No;

2. Please list all daily and routinely taken medications of which medical staff should be aware: _____

3. Participants allergies/reactions to medication/animals/insects/or any other sensitive nature?
_____ Yes (explain) _____ No; _____

4. Does the Participant have any prior or current heart related illness/condition? _____ Yes (explain) _____ No;

5. Has Participant ever been tested for sickle-cell disease? _____ Yes _____ No

5a. If yes, what are the results? _____

6. Has Participant ever had major surgeries? _____ Yes (explain) _____ No; _____

My signature below recognizes that I hereby release Embry-Riddle Aeronautical University (“ERAU”), medical staff and University Team Physicians from any responsibility for any pre-existing injury or re-occurrence of any undisclosed pre-existing injury or illness of the above Participant. ERAU, the directors or anyone connected with ERAU Athletics does not assume responsibility for accidents, medical, dental or other expenses incurred as the result of injuries sustained during any course of instruction or participating in the event. This represents the written permission of the Participant to be treated by a medical doctor, ERAU Sports Medicine Staff or EMS personnel if deemed necessary in ERAU’s sole discretion.

Signature (Parent or Guardian if under 18)

Printed Name

Date
(Complete other side)

Embry-Riddle Aeronautical University Waiver, Release and Medical Release for Athletics

This Waiver, Release and Medical Release is presented to me by Embry-Riddle Aeronautical University ("ERAU") located at 600 S. Clyde Morris Blvd., Daytona Beach, FL 32114 and 3700 Willow Creek Road, Prescott, AZ 86301 for my voluntary participation and I agree to abide by the following:

For myself, my estate, assigns and representatives, I hereby release, indemnify, hold harmless and forever discharge ERAU, its trustees, officers, employees, and agents from any and all claims, liability, demands, lawsuits, and causes of action of any kind or nature, known or unknown, that I have or may have, arising from or related to my voluntary participation. I, for myself, my estate, assigns and representatives, hereby waive any and all claims of any kind or nature, known or unknown, for damages, injuries or losses to myself or my property arising from or related to my voluntary participation. Unless required by law or valid order of court, I shall not file, allow to be filed, consent to, or cooperate with any claim, cause of action, lawsuit, or demand of any kind or nature for injuries or losses to or by me arising from or related to my voluntary participation, and shall on demand defend and indemnify ERAU for any cost or expense associated therewith.

I understand that activities, of which I will voluntarily take part, can be dangerous and may cause or lead to injuries, including but not limited to, broken bones, concussions, comatose state and other very serious bodily injuries up to and including death. I acknowledge that I am sufficiently fit to voluntarily participate, and that I may examine the equipment and facilities. If it appears to be unsafe, I will notify the appropriate party and not use the equipment of facilities until such condition is corrected. My participation shall be conclusive proof that I was satisfied with the safety and condition of the equipment and premises.

I hereby consent that ERAU or its agent may arrange for or provide emergency medical care that appears reasonably necessary, or transportation to such care. I understand and agree that neither ERAU, nor its trustees, officers, employees, or agents shall provide medical insurance, nor will they pay any medical cost or expense incurred by me. I shall be responsible for the payment of all such expenses, including the costs of transportation or hospitalization. ERAU, therefore, strongly recommends that I obtain my own personal insurance fit to cover any related injuries or damage, and I hereby acknowledge that recommendation.

I agree that this Agreement shall be binding on my personal representatives, assigns, heirs, next of kin and successors in interest whether such injuries or losses are alleged to be caused in whole or in part by the negligence of the released parties. In witness whereof, I affix my signature below:

Signature

Printed Name

Date

PARENT/GUARDIAN OF MINORS UNDER THE AGE OF 18

I am the legal parent or guardian for the above participant. For myself and my minor child, I hereby consent to the minor's participation as per this Agreement, and agree to the terms herein:

Parent/Guardian Signature

Printed Name of Parent/Guardian

Date

ERAU employee/agent receiving this release:

Signature

Printed Name

Date