GRILL GUARD

Consumer Agreement

The techniques such as physical/digital impressions needed and materials used to fabricate products have been explained and I have had the opportunity to ask questions. I understand Grill Guard is a nonprofit organization that fabricates mouthguards and other means for the use of injury prevention, but cannot prevent all injuries from occurring. I understand the information provided may be subject to Grill Guard for future use, and I may be contacted through the information given. The event, fabrications, impressions and finished products may be utilized in educational, promotional or other means through photos, videos or other media to further enhance the Grill Guard outreach.

We at Grill Guard thank you for joining our movement to help prevent injuries! This is only possible through our partnerships, members, and consumers such as yourself!

Thank you for joining our team!

Consumer / Team Name: _____ / _____

Consumer Signed: _____ Date: _____

Parent/Guardian/Rep. Name: _____

Parent/Guardian/Rep Signed: _____ Date: _____

Information To Consider	
Dental examination	**It is recommended to have a dental examination to confirm oral health is good. Any major dental changes such as orthodontic movement, erupting teeth, jaw joint issues or others may cause mouthguards to not fit and work properly.**
History of jaw or joint problems	
Currently in orthodontic treatment	
Currently broken, loose teeth, or severe periodontal (gum tissue) disease	**Any discomfort or bite issues please discontinue use seek assistance from a dentist**
History of airway/asthma problems, allergies to materials being used	**Contact health provider if mouthguards may affect symptoms**
Any information pertaining to the use of mouthguards that we should know about?	**Please contact Grill Guard**

1050 E 2nd St., #234 Edmond, OK 73034 - (405) 777-7325

GRILL GUARD

Athlete Information & History

* First and Last Name:	* Date of Birth: / /	*Gender: M / F
* Online Registration #: www.GrillGuard.org/athlete-registration G_____		
Email Here to Opt-in: (Mouthguard Survey and Newsletters)		
Primary Sport for Use:	Jersey #: (for side of mouthguard) # - _____ _____	School/Place of Work:
History of Airway/Asthma/Jaw Problems, Explain:		
Currently in Braces/Retainers, Explain Time Remaining: (mouthguard fit may change)		
Current Broken Or Loose Teeth, Explain:		
Information Regarding Gag Reflexes Or Previous Impression Taking, Explain:		
Allergies/Allergic Reactions, Explain:		
Additional Information For Impressions/Mouthguards We Should Know About, Explain:		
How did you hear about us?		

*** This information is to help Grill Guard and Team understand your needs but may not be reviewed by a medical professional. Please check with your own medical professionals prior to impressions and mouthguards if needed.*

Consumer / Team Name: _____ / _____

Parent/Guardian/Rep Signed: _____ Date: _____

1050 E 2nd St., #234 Edmond, OK 73034 - (405) 777-7325