

# New Heights Application and Release For Adults

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

One or More Emergency Contacts:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

**Release of Liability:** I am at least 18 years old and I hereby declare that I am physically able to participate in physical fitness exercises and activities. I understand that it is advisable for me to contact my physician prior to starting an exercise program. In the event that I am injured, I waive and release all rights to any claims for damages for myself and any heirs against New Heights, sponsors, or representatives. I understand that New Heights does not carry medical insurance for participants or coaches and I am fully responsible for any and all medical bills.

**Medical Release:** I am at least 18 years old and in the event that I suffer sudden illness, accident, or injury, and my emergency contacts are not available and cannot be reached, I give permission that medical and emergency personnel be contacted to provide medical and emergency treatment. I understand that I am fully responsible for any and all cost for medical and emergency treatment.

**List pertinent medical information or physical limitations below and alert coaches to any serious ailments or concerns (diabetes, allergies, asthma, etc.):**

**By signing this form, you are agreeing to all the statements listed above, including, but not limited to, release of liability and medical treatment.**

**Please Sign and Date:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date