



**INJURY PREVENTION SCREEN MEDICAL HISTORY FORM**

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Emergency Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**PRIMARY INSURANCE:** \_\_\_\_\_

**MEMBER ID:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_ **Relationship:** \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_

**Member ID:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

List any *current* injuries or complaints:

\_\_\_\_\_  
\_\_\_\_\_

List any *past* major injuries:

\_\_\_\_\_  
\_\_\_\_\_

List any history of Orthopedic Surgery:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any other comments/questions/ concerns?

\_\_\_\_\_

**Signature (if 18 or older):** \_\_\_\_\_

**Parent/Guardian Signature (if under 18):** \_\_\_\_\_

**WAIVER OF LIABILITY**

I/We hereby understand and acknowledge that the training, programs and events held by Elite PT LLC may expose me to many inherent risks, including accidents, injury, illness or even death. I/We assume all risk of injuries associated with participation including, but not limited to falls, contact with other participants, the effects of weather, including high heat and/or humidity and all other such risks being known and appreciated by me. I/We understand that Elite PT LLC recommends each participant see a physician prior to engaging in any physical training or conditioning programs. I/We represent that I/We have consulted with a physician and that they have cleared us for physical conditioning activities.

I/We hereby acknowledge my/our responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I/We acknowledge that I am physically fit and mentally capable of performing the physical activity in which I choose to participate.

After having read this waiver and knowing these facts and in consideration of acceptance of my participation and that Elite PT LLC. and furnishing services to me, I agree for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE Elite PT, LLC., its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands or claims of any kind arising out of my participation in Elite PT LLC, training, programs and events.

I have read and understand the aforesaid terms and conditions and I agree that part of the compensation for me to participate in any Elite PT LLC and programs are the terms herein and in return for the waiver and hold harmless agreement.

By my signature, I/We indicate that I/We have read and understand this Waiver of Liability. I am aware that this is a waiver and release of liability and I voluntarily agree to its terms.

Client Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature \_\_\_\_\_

(Parent's signature if under 18 years of age) I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_