

**FOR MINOR PARTICIPANTS ONLY**



**Participant Information/Medical Release**

*This Medical Treatment Authorization authorizes Knoxville Leadership Foundation (KLF) staff and/or representatives to consent to medical treatment for any accident or illness occurring while you or your child is participating in Knoxville Leadership Foundation's Gladiator Games. KLF shall not be responsible for authorizing medical care.*

**Contact Information of Minor Participant**

Parent/Legal Guardian(s): (List the names of both custodial parents; if only one custodial parent or for guardianships, enclose a copy of the most recent court order granting custody.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Authorization**

I/We, \_\_\_\_\_ and \_\_\_\_\_, (names of all parents with custody of minor or all guardians), hereby represent and warrant that we are the sole parents or legal guardians of \_\_\_\_\_ (Minor's Name), that we have the authority to enter into this authorization for medical treatment of \_\_\_\_\_ (Minor's Name). I/we hereby authorize Knoxville Leadership Foundation to seek and obtain medical or dental treatment of the above named minor upon any circumstances in which they believe it is reasonably prudent or necessary. I/we hereby authorize any medical or dental services provider to provide consultation, treatment and services to the above named minor. In the event further or consent for consultation, treatment or services is required, I/we hereby appoint any employee of Knoxville Leadership Foundation as our/my agent and attorney in fact for the purposes of authorizing any consultation, treatment and services.

I/we hereby provide the following health information, which I/we believe is all the relevant information a medical provider should have with regard to the minor's condition in rendering treatment:

Date of last Tetanus shot: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Medications Currently Taking: \_\_\_\_\_  
Any medical or health conditions: \_\_\_\_\_  
Any prior significant medical history: \_\_\_\_\_

In the event any consultation treatment or services are rendered to the above named minor while participating in the Gladiator Games, I /we understand and agree Knoxville Leadership Foundation may not have an opportunity to contact me prior to obtaining medical consultation, treatment and services. I/we hereby supply the following health insurance information in order for any medical to obtain reimbursement for their services. I/we hereby agree to pay the provider for any services rendered to the above named minor for which the foregoing insurance does not pay.

Medical Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Subscriber Name and ID No: \_\_\_\_\_  
Authorization of Insurance Company: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Signed: \_\_\_\_\_  
State of \_\_\_\_\_, County of \_\_\_\_\_ personally appeared before me, a Notary Public, \_\_\_\_\_, the within named bargainer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the within instrument for the purposes therein contained. Witness my hand at office on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

**\*Having this Authorization notarized may facilitate the timely provision of medical services to your child.**

## MUST BE COMPLETED BY ALL PARTICIPANTS

### Statement of Activities and Release of Liability Form

The Gladiator Games is a reality sporting event and fundraiser of Knoxville Leadership Foundation. Individuals participating in the Gladiator Games may compete in at least two of the following events including an obstacle course, running, kayaking swimming, throwing of baseballs and/or footballs, kicking, golfing and lifting weight up to 45 pounds.

Participants are not required to engage in any activity in which they feel they are not able to safely participate.

#### Minor Participants (17 years and under)

I (Adult age 21 and up) \_\_\_\_\_ **or** I/we \_\_\_\_\_ and \_\_\_\_\_, (*parent(s) or guardian(s) with custody of student*), hereby represent and warrant that we are the sole parents or legal guardians of \_\_\_\_\_ (*minor's name*), and that we have the authority to enter into this release. I/we have read the foregoing statement of activities, and understand the extent and nature of the activities in which I/my child will participate. On behalf of myself/ourselves, and on behalf of the above named minor, I/we hereby fully and finally release Knoxville Leadership Foundation, its respective directors, officers, employees, volunteers, agents, successors, and assigns (collectively referred to herein as "KLF"), from any and all claims, causes of action, assertions, and demands arising out of, related to, or otherwise connected with, howsoever remote, the participation of the above named minor in the Gladiator Games. I/we agree to indemnify and hold KLF harmless from any loss or damages incurred or resulting from any claim made against KLF on behalf of the above named student or on account of the above named minor.

Adult or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

I, \_\_\_\_\_, (*minor*), hereby join in and agree to the release set forth hereinabove. I also promise and agree with KLF that I will, at all times, follow all directions and instructions with regard to participating in the Gladiator Games.

Signed (minor): \_\_\_\_\_ Date: \_\_\_\_\_

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#### Adult Participant (18 years and older)

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ (self), have read the foregoing statement of activities, and understand the extent and nature of the activities in which I will participate. I hereby fully and finally release Knoxville Leadership Foundation, its respective directors, officers, employees, volunteers, agents, successors, and assigns (collectively referred to herein as "KLF"), from any and all claims, causes of action, assertions, and demands arising out of, related to, or otherwise connected with, howsoever remote, my participation in the volunteer programs of KLF. I agree to indemnify and hold KLF harmless from any loss or damages incurred or resulting from any claim made against KLF.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_