

Tsevet Mikey Army-Prep
Tsevet Mikey Participant Medical Form

Date _____

Name _____

Date of birth _____ Age _____

General health _____

Are you currently or have you ever been treated for any of the following? If so, please mark.

Yes	No	Condition	Explain
		Asthma	
		Bleeding disorders	
		Blood Pressure	
		Diabetes	
		Ear/sinus	
		Fainting	
		Gastro-intestinal problems	
		Heart disease/condition	
		Kidney disease	
		Learning disorders	
		Menstrual problems	
		Musculo-skeletal	
		Psychological/psychiatric	
		Seizures	
		Sickle cell disease	
		Sleep disorders	
		Stroke	
		Surgery	
		Thyroid disease	
		Serious injury	
		Other	

Comments on Medical Conditions:

List all medications you are currently taking, include over-the-counter drugs and herbal supplements

Medication	Dosage	Reason

Allergies

Physically fit to participate in group workouts:

Doctor Signature _____

Participant Signature _____

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Applicant’s Declaration

I certify that the information I have given is true and complete and that I have not omitted any medical information.
I understand that a false declaration may result in damage to my health.
I understand that a false declaration is an offense and will lead to my prosecution

_____ Date _____ Teduat Zehut/Passport Number _____ Last Name _____ First Name _____ Signature

RELEASE OF LIABILITY - READ BEFORE SIGNING

I _____ being allowed to participate in this program, its related events and activities, I, the undersigned, acknowledge, and appreciate, and agree that:

1. The risk of serious injury from the activities involved in this program is always present due to the nature of the program; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the program’s stated and customary terms and conditions for my participation. If, however, I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and of behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS, The Lone Soldier Center in Memory of Michael Levin, it’s affiliates, officers, officials, employees, volunteers, agents, and/or other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for activity (“Releases”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, regarding myself and/or arising from my activities, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except for willful misconduct, or otherwise to the fullest extent of the law.

I HAVE READ THIS HEALTH FORM AND RELATED CERTIFICATIONS, THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Dated: _____ **Signature:** _____

If under 18:

Dated: _____ **Parent Signature:** _____