

**MCDOWELL COUNTY
SENIOR GAMES MEDICAL FORM
HEALTH INFORMATION IS REQUIRED FOR ALL ARTISTS & ATHLETES**

McDowell County Senior Games is committed to creating a healthy and safe environment for all participants. We request that every participant consult his/her doctor in regard to, preparation for, and competition in, Senior Games or any similar activity. Please inform Senior Games Coordinator of any changes prior to the games.

1. Do you: Have trouble hearing? _____ Wear a hearing aid? _____ Wear glasses _____ Contact Lenses? _____

2. Print the names of medications you are currently taking:

3. Please print any specific medical conditions that you have:

4. Print any allergies (medicines and foods, etc.):

5. Name of personal Physician: _____ Phone: _____

6. Emergency Contact:
Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

***MCDOWELL COUNTY SENIOR GAMES
LIABILITY WAIVER: (MUST BE SIGNED.)***

I, hereby waive any and all claims against McDowell County Senior Games and/or any other sponsors and organizers of these events for any and all illnesses or injuries, which may result directly or indirectly from my participation in the McDowell County Senior Games.

*I understand that it is my responsibility to check with Senior Games Local Coordinator immediately following my Local Senior Games to determine if I qualified for State Finals and to get a State Finals Entry Packet. The State Finals Entry Packet must be received in the N.C. Senior Games office in Raleigh by 5:00 p.m. on **August 1st**. I understand that this deadline is strictly enforced in fairness to all."*

Participant's Signature

Date