

EAST ALABAMA MOTOR SPEEDWAY, INC.

EMERGENCY MEDICAL INFORMATION FORM

**THIS DOCUMENT WILL REMAIN CONFIDENTIAL AND WILL ONLY BE SUBMITTED TO EMS
IN THE EVENT OF AN EMERGENCY.**

First Name _____ Last Name _____

Address _____ City _____ St. _____ Zip _____

Home Phone _____ Cell Phone _____ Birth Date _____

Emergency Contact Name _____ Phone _____ Relationship _____

Email address: _____

Age _____ Wt: _____ Ht: _____

Medications presently using: (Prescribed /OTC meds) _____

Medical Allergies _____

Past Medical History: (explain) _____

High Blood Pressure: yes/no Diabetes: yes/no Heart Disease: yes/no Asthma: yes/no Other: _____

Blood Type _____ Contact Lenses _____

Do you have hospitalization insurance? YES _____ NO _____ (If the answer is yes, please complete the following)

COMPANY: _____ GROUP # _____

POLICY# _____ CONTACT PHONE _____

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in _____ (East Alabama Motor Speedway, Inc.) athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; 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 stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** _____ (East Alabama Motor Speedway, Inc.) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.**

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

PARTICIPANTS SIGNATURE _____ DATE _____