



## New Participant Registration Packet

### Personal Information

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

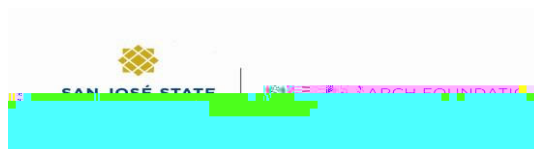
Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive email alerts (center closures, updates etc.) YES





### Health Information and Medical History

For your safety, the center may require a medical clearance form before your participation.

Have you been diagnosed with any of the following?

	Yes	No	If yes, is it controlled with medication?
Abnormal EKG			
Heart Attack			
Heart Disease			
High Blood Pressure			
Heart Murmur			
Irregular Heart Rhythm			
Diabetes			
High Cholesterol			
Thyroid Disease			
Kidney Disease			
Asthma			
Parkinson's Disease			
Multiple Sclerosis			
Epilepsy or Seizure Disorder			
Alzheimer's			
Dementia			

Is there any additional information you think is important for us to know (Medical/Non-Medical)?

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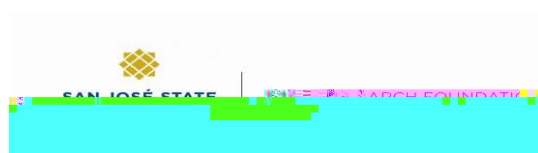
Do you have any allergies that we should be aware of? If yes, please describe:

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Do you currently experience or have experienced any of the following?			
	Yes	No	Are you currently receiving medical care for this?
Heart Surgery			
Stroke			
Unexplained swelling in the legs (not due to injury)			
Unexplained shortness of breath			
Pain or discomfort in the chest during activity			
Heart Palpitations			
Covid-19			Are you experiencing any long lasting symptoms?
Dizziness or fainting			
Joint Replacement			Which joint?

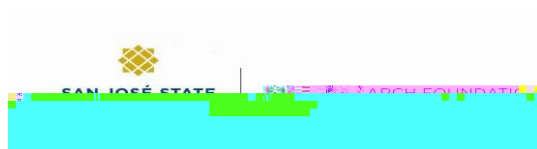
Have you had surgery in the last 3





**AGREEMENT AND RELEASE FROM LIABILITY**

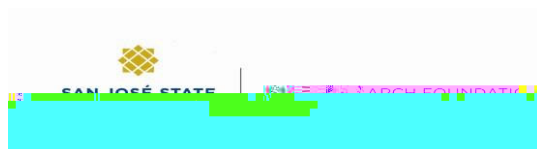
By initialing in the space provided and signing below, I am acknowledging that I have





**ASSUMPTION OF RISK**

I am aware that any





\_\_\_\_ I am voluntarily participating in the Timpany Center activities. I am aware of the risks associated with traveling to, from and participating in these activities, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, death and/or property damage. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, negligence, conditions related to travel, or the condition of the Timpany Center activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in any Timpany Center activity, including travel to, from and during the Timpany Center activity.**

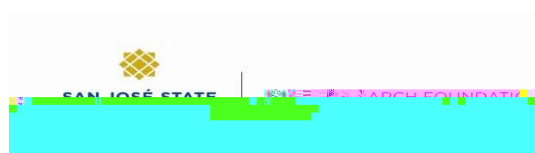
\_\_\_\_ I agree to hold the **University and Auxiliary Organization** harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in Timpany Center activities, including travel to, from and during these activities. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. I am also aware that the Timpany Center is not a medical facility and does not provide medical treatment.

#### **MEDIA RELEASE**

\_\_\_\_ I hereby certify that I am an adult over the age of eighteen (18) years and I hereby consent that any film, photographs, videotapes, and/or sound recordings made of me by Timpany Center may be used by SJSU, SJSURF and/or affiliates, and those acting with its permission, for the purpose of illustrations, publications, or broadcasts in connection with promotion the work of and for the Timpany Center.

#### **COMPLETION OF ALL PAPERWORK**

\_\_\_\_ I agree that I will complete any other paperwork necessary to complete the participant inquiry process, including a physician's clearance if requested.





### KNOWING AND VOLUNTARY EXECUTION

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University and the Auxiliary Organization from all liability, (b) promising not to sue the University and the Auxiliary Organization, (c) and assuming all risks of participating in Timpany Center activities, including travel to/from and during the Timpany Center activities.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me. If at any time I cannot abide by any of the statements in this time

