St. Joseph's HOSPITAL HEALTH PLEX

REGISTRATION FORM

NAME ______________________ CIRCLE: M F BIRTHDATE ______________

HOME PHONE ______________________ OTHER PHONE ______________

STREET ADDRESS ______________________ CITY ______________ ST___ ZIP ________

FAMILY PHYSICIAN ______________________ CITY OR PHONE ______________

REFERRING PHYSICIAN (if different) ______________ CITY OR PHONE ______________

EMERGENCY CONTACT ______________________ PHONE NUMBER/S ______________

HAVE YOU BEEN A KEYS•4•LIFE PARTICIPANT IN THE PAST? __ YES __ NO

HEALTHPLEX WAIVER & RELEASE:

By signing immediately below this paragraph, I hereby waive and release any and all claims, demands and causes of action which I may have or anyone may have through me against St. Joseph's Hospital in Breese, the St. Joseph's Hospital HealthPlex, Hospital Sisters Health System, Athletes Advantage, any coordinating or participating agency, group or individual, or administrators, employees or representatives of said organizations for any injuries that may be incurred at, arising out of, or in any way from or at HealthPlex activities or the facility, or on the way to or from the facility. I further understand that neither St. Joseph's Hospital, HealthPlex, nor its employees or representatives shall have any responsibility or liability for lost, damaged or stolen personal property.

PARTICIPANT SIGNATURE ______________________ DATE ______________ WITNESS INITIALS ________

PARENT/GUARDIAN SIGNATURE (if Participant is Younger than 18) ______________ DATE ______________ RELATIONSHIP ________

MEDIA PHOTO/INFORMATION RELEASE:

By signing immediately below this paragraph, I hereby give St. Joseph's Hospital the unqualified right and permission to reproduce, copyright, publish, circulate, or otherwise use photographic reproductions or likenesses of me and/or my name. All photographs will be shot in public areas and care will be taken that they are in good taste. This authorization and release covers the use of said material in any published form, and any medium of advertising or publicity.

PARTICIPANT SIGNATURE ______________________ DATE ______________ WITNESS INITIALS ________

PARENT/GUARDIAN SIGNATURE (if Participant is Younger than 18) ______________ DATE ______________ RELATIONSHIP ________