



**BOBSLED
SKELETON**

2023-2024 Athlete Waiver & Physical Form
Upload to Sport80 membership platform ⇒ Policies & Waivers
or return by email to hannah.beaumont@usabs.com

ATHLETE WAIVER

Name: _____

IN CONSIDERATION of being permitted to participate in any way in any USA Bobsled/Skeleton (hereinafter "USABS") activity (the "Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin: **(1.) ACKNOWLEDGE, AGREE AND REPRESENT** that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity; **(2.) FULLY UNDERSTAND** that: (a) **ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks");** (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or **THE NEGLIGENCE** (but not the gross negligence and/or willful and wanton misconduct) **OF THE "RELEASEES" NAMED BELOW;** (c) there may be **OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES** either known or not known to me or not readily foreseeable at this time; and I **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES** I incur as a result of my participation in the Activity; **(3.) HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE, INCLUDING, BUT NOT LIMITED TO,** the USABS, the Activity organizers, the Activity sponsors, those persons and/or organizations administering the Activity, the designer, constructor and operator of the Activity site, its/their sponsors and suppliers, the State of New York, Village of Lake Placid, Essex County, the State of Utah, Town of Park City, Wasatch County, including the representatives, and related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assigns of each, and the USABS's Associations, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and, if applicable, owners, lessors and operators of the premises on which the Activity takes place, and any other party indemnified and held harmless by the USABS, (each considered one of the "RELEASEES" herein) **FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE** (but not the gross negligence and/or willful and wanton misconduct) **OF THE "RELEASEES" OR OTHERWISE, INCLUDING RESCUE OPERATIONS, SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE** that if, despite this **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT** I, or anyone on my behalf, makes a claim against any of the **RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES** from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

Agreement to Participate

I, or we (in the case of a parent on behalf of a participant under the age of eighteen (18) years old), grant to the Directors, Assistants, or assigned chaperons of this event to act as guardians/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for me or for my child (in the case of a parent on behalf of a participant under the age of eighteen (18) years old) en route to or from or at the Activity site or hospital or other medical facility. Should a health emergency arise, medical treatment as deemed necessary by competent medical personnel is authorized. In the case of a parent on behalf of a participant under the age of eighteen (18) years old, I understand that should a health emergency arise, I will be attempted to be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. I hereby state that to the best of my knowledge the **CURRENT MEDICAL HISTORY SUMMARY** (page 3) and **PHYSICAL EXAMINATION FORM** (page 4) are complete.

I hereby authorize the USABS to allow the reproduction, dissemination, and/or publication of my name, voice, picture, image, likeness, performance, video and/or motion pictures of myself and/or my property for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participating in this USABS event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation in this event, nor will I receive

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ATHLETE WAIVER CONTINUED

any payment for the possible commercial use of my name, voice, picture, image, likeness, performance, video and/or motion pictures of myself and/or my property. I hereby release the USABS and/or its agents from any and all claims for damages based on the use of the said name, voice, picture, image, likeness, performance, video and/or motion pictures of myself and/or my property.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____

PHONE: _____

DATE: _____

PARTICIPANT'S SIGNATURE (only if age 18 or over):

MINOR RELEASE: AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST WHICH MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____
 (Street) (City) (State) (Zip)

PHONE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):



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CURRENT MEDICAL HISTORY SUMMARY

	Yes	No		Yes	No	Cardiac	Yes	No
Bone, joint, or other deformity			Eye trouble			Have you ever passed out during or after exercise?		
Stomach, liver, or intestinal trouble			Severe tooth or gum trouble				Have you ever been dizzy during or after exercise?	
Ear, nose, or throat trouble			Loss of finger or toe			Had chest pain during or after exercise?		
Gall bladder trouble or gall stones			Jaundice or hepatitis				Get tired more quickly than your friends?	
Chronic or frequent cold			Hearing loss			Had racing of the heart or skipped heartbeats?		
Recurrent back pain			Broken bones				High blood pressure or cholesterol?	
Rupture or hernia			Hay fever			Had a heart murmur?		
Sinusitis			Neuritis				Family History	Yes
Tumor, growth, cyst, or cancer			Frequent or painful urination			Premature death before 50 due to heart disease		
Head injury			Skin diseases				Disability from heart disease in close relatives before age 50	
Paralysis			Epilepsy			Cardiac conditions in family members		
Rectal disease			Kidney stone or blood in urine					
Thyroid trouble			Tuberculosis					
Car, train, sea or air sickness			Frequent trouble sleeping					
Asthma			Frequent indigestion					
Arthritis, rheumatism or bursitis			Shortness of breath					
Adverse reaction to drug/medicine			Loss of memory or amnesia					
Dizziness or fainting spells			Venereal Disease					
Scarlet fever			Palpitation or pounding heart					
Recent weight gain or loss			Rheumatic fever					
Frequent/severe headache			Leg cramps					
Swollen/painful joints			Chronic cough					

Explain "YES" answers (attach additional page if necessary):

Past surgical procedures (attach additional page if necessary):

1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____

Date of most recent concussion: _____ How many previously diagnosed concussions: _____

Date of most recent TETANUS TOXOID vaccination: _____

PERSONAL PHYSICIAN'S NAME: _____ PHONE: _____

MEDICATIONS/SUPPLEMENTS (please circle): I am NOT taking medications or supplements / I TAKE medications and/or supplements

I am presently taking the following medication(s) and/or supplements: _____

ALLERGIES (please circle): No Known Allergies / Allergies – see below

I am allergic to the following medicine, bee/insect stings, food, etc. (attach additional page if necessary):

1. _____ Reaction: _____
2. _____ Reaction: _____



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PHYSICAL EXAMINATION FORM

PLEASE TAKE NOTICE

Physicals cannot be performed by a USABS or USOPC medical provider the first year of the quad. Physicals performed by nurse practitioners or physician assistants must list name, address and phone number of the supervising physician. Physicals performed by chiropractors will not be accepted. **Physicals completed incorrectly will be considered incomplete and returned to the athlete.**

Athlete's Name:	Birth Date:
Height:	Weight:
Pulse:	BP:
Vision: R 20/ L 20/	Pupils: Equal Unequal
Glasses or Contacts: Y / N	

Medical	Normal	Abnormal Findings	Initials
Eyes/Ears/Nose/Throat			
Cardiovascular			
Pulmonary			
Abdomen			
Hernia			
Integumentary			
Neurological			

Musculoskeletal	Normal	Abnormal Findings	Initials
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

Clearance

- A. Cleared for contact sports
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. Not cleared for:
 - Collision
 - Contact
 - Non-contact Strenuous Moderately strenuous Non strenuous

 Examiner's Name (please print) Examiner's Signature Date

 Examiner's Address Examiner's Phone Number

 If exam performed by NP or PA, name, address and phone number of Supervising Physician



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4 YEAR PHYSICAL EXAMINATION FORM

ITEMS TO BE COMPLETED THE FIRST YEAR OF THE QUAD OR WHEN ATHLETE BEGINS THE SPORT

PLEASE TAKE NOTICE

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Physicals completed incorrectly will be considered incomplete and returned to the athlete.

Athletes Name: _____

Concussion Education		Yes	No
Athlete was educated about the signs and symptoms of concussion and the importance of reporting concussions to their health care providers			
Does the athlete wish to be presented with more information about concussions or have a one-on-one meeting			
Cardiac Evaluation: Personal history		Yes	No
1. Exertional chest pain/discomfort			
2. Unexplained syncope/near syncope			
3. Excessive exertional and unexplained dyspnea/fatigue, associated with exercise			
4. Prior recognition of a heart murmur			
5. Elevated systemic blood pressure			
6. Family history of premature death (sudden and unexpected, or otherwise) before age 50 due to heart disease			
7. Disability from heart disease in a close relative age 50 or younger			
8. Family history of cardiac conditions including: hypertrophic or dilated cardiomyopathy, long-QT syndrome or other ion channelopathies, Marfan syndrome, or clinically important arrhythmias			
Physical examination	Findings Normal	Findings Abnormal	
9. Check for a heart murmur*			
10. Check femoral pulses to exclude aortic coarctation			
11. Check for physical signs of Marfan syndrome			
12. Check brachial artery blood pressure (sitting position)			

*(Auscultation of the heart should be performed initially with the patient in both the standing and supine positions. Auscultation should also occur during various maneuvers (eg, squat to stand, deep inspiration, Valsalva), because these maneuvers can clarify the type of murmur)

Age Appropriate Cancer Screenings and Education	Yes	No
Signs or symptoms of potential cancer		
Patient education about self-exams completed		

Mental Health Survey	Yes	No
I often have trouble sleeping.		
I wish I had more energy most days of the week.		
I think about things over and over.		
I feel anxious and nervous much of the time.		
I often feel sad or depressed.		
I struggle with being confident.		
I don't feel hopeful about the future.		
I have a hard time managing my emotions (frustration, anger, impatience).		
I have feelings of hurting myself or others.		

Examiner's Name (please print) _____

Examiner's Signature _____

Date _____

Examiner's Address _____

Examiner's Phone Number _____

If exam performed by NP or PA, name, address and phone number of Supervising Physician _____