



U-TURN MEDICAL RELEASE AND WAIVER

2101 Maywill Street
Richmond, VA 23230
(804) 358-2775 phone (804) 358-5848 fax
www.u-turn.org

EMERGENCY INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____

Parent/Guardian: _____ Emergency Contact: _____
(if under the age of 18)

Work/Cell Phone: _____ Work/Cell Phone: _____

E-Mail: _____ E-Mail: _____

MEDICAL INFORMATION

Physician Name: _____ Physician Contact Phone: _____

Physician Address: _____ City: _____ Zip: _____

Insurance Name: _____ Policy Number: _____

Allergies: _____

Additional Medical Condition(s): _____

The undersigned hereby jointly and severally releases, acquits, forgives, and forever discharges U-TURN, inc. from any actions, claims, demands, suits, agreements, judgments, liabilities, and proceedings, whether arising in equity or in law, and in particular arising from damage of property or personal injury while participating in U-TURN, inc. programs or on the U-TURN, inc. premises.

Signature _____

Date _____