

**FLORIDA CONFERENCE MEDICAL CADET CORPS
AFFIRMATION AND LIABILITY RELEASE
(Read carefully before signing)**

(Participant's Name—Please Print)

I, _____, wish to participate in the Medical Cadet Corps program offered by the Florida Conference of Seventh-day Adventists (the "Florida Conference"). I hereby affirm that I have been completely informed of the inherent hazards of the activities I will engage in through this program, and I have of my own accord made the decision to participate in this program despite all potential risks.

I understand that while some of the activities, as set forth below (hereinafter referred to as "Activities"), may not be particularly hazardous when pursued carefully by properly trained and experienced participants, such activities may occur under hazardous conditions. The hazards can be diminished by the development of skills and knowledge acquired through training and experience. Therefore, I specifically agree to listen to all instruction and obey any safety requirements directed by the activity sponsors or staff members of the Florida Conference Medical Cadet Corps (the "MCC").

I hold the MCC and the Florida Conference, Southern Union, North American Division and the General Conference or any agent thereof (hereinafter referred to as "RELEASEES") free from any and all liability and do hereby for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue to me arising out of or connected with my participation in such Activities and in addition, do give specific authorization to the Staff to authorize hospital medical treatment for any activity-related injury or illness should such occur during the course of my participation.

Further, I understand that these Activities involve certain risks and that injuries can occur that require treatment in a medical facility. I further understand that the MCC program trips and Activities may be conducted at a site that is remote, either by time or distance or both, from such a medical facility, and nonetheless agree to proceed with such activities. I still wish to proceed with the Activities in spite of the possible absence of a medical facility in proximity to the activity site. Further, I understand that the sponsoring organization may or may not have a nurse or other medical professionals available during the Activities. I still wish to proceed with the Activities in spite of the possibility that there may not be medical professionals on site to provide medical treatment in the event of injury or illness.

I understand and agree that I and my family, heirs, or assigns will not hold the Releasees, program staff, principals and agents, or any activity site or facility, liable in any way for any occurrence in connection with these Activities that may result in any loss, injury, death, or other damages by me. In consideration of being allowed to participate in these Activities, I hereby personally assume all risks in connection with said Activities, for any harm, injury or damage that may befall me while I am a participant in the Activities, including all risks connected therewith, whether foreseen or unforeseen; and further to save, hold harmless, and indemnify said program and persons from any claim by me, or my family, estate, heirs, or assigns, arising out of my participation in these activities.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act.

It is the intention of _____ by this instrument to exempt and release
(Name—Please Print)

the Medical Cadet Corps, its Sponsors and Staff Members, Florida Conference of SDA, Southern Union of SDA, North American Division of SDA and the General Conference of SDA and any activity site or facility from all liability whatsoever for personal injury, property damage, or wrongful death caused by negligence for the following activities from _____ to _____.
(program starting date) (program ending date)

(Please initial the following activities for which you exempt and release all liability.)

___ Disaster Training ___ Hurricane Training ___ Fire Training ___ Water Rescue Training
___ Rope Rescue Training ___ Swimming ___ Jogging/Running ___ Pushups/Situps
___ Other Physical Activity: _____ ___ Other Physical Activity: _____

EACH OF THE ABOVE SPECIFIC ACTIVITIES MAY BE HAZARDOUS. SOME SPECIFIC RISKS ARE SET FORTH ON ADDENDUM 1 WHICH IS ATTACHED HERETO AND INCORPORATED HEREIN. I ACKNOWLEDGE THAT THIS ADDENDUM IS ILLUSTRATIVE, AND IS NOT, NOR IS IT INTENDED TO BE, A COMPLETE OR EXHAUSTIVE LIST OF THE HAZARDS I MAY ENCOUNTER AND HEREBY ACCEPT.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AFFIRMATION AND RELEASE BY READING AND UNDERSTANDING IT BEFORE I SIGNED IT.

Signature _____ Age _____
Address _____

(Notarization—Required)
STATE OF FLORIDA
COUNTY OF

The foregoing instrument was acknowledged by physical presence before me this _____ day of _____, 2020, by _____, who is personally known to me or who has produced a Florida Driver's License as identification.

Notary Public
Commission Expires:

MEDICAL CADET CORPS HEALTH STATEMENT FORM

The proposed activity provided by the Medical Cadet Corps requires participation in extreme physical exercises which are, by their nature, very physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates and other physical symptoms. It is imperative that you are free of any heart-related or other diseases. All participants must be free of medical or physical conditions that might create undue risks to themselves or any others in the group who depend on them. Good physical condition will increase tolerance of the physical activities. If there is any doubt about your ability to safely participate in this experience, you should consult a physician. (NOTE: If you have had any heart-related problems, you will need to have a release form from a physician in order to participate in the activity or activities.)

Name _____ Date of Birth _____ Gender _____
 Address _____ Age _____
 City, State, Zip _____
 Emergency Contact _____ Relationship _____
 Emergency Contact Address _____ Home Phone _____
 City, State, Zip _____ Other Phone _____

HEALTH HISTORY

Have you had or do you currently have any heart problems?	Yes	No
Do you frequently suffer from pains in your chest?	Yes	No
Do you often feel faint or have spells of dizziness?	Yes	No
Has a doctor ever told you that you have high blood pressure?	Yes	No
Do you have arthritis, joint, or back problems that are aggravated by exercise?	Yes	No
Have you had any operations or serious injuries?	Yes	No
Do you have any physical disabilities or chronic recurring illness?	Yes	No
Do you have epilepsy or other seizure disorder?	Yes	No
Do you have diabetes?	Yes	No
Do you have allergic reactions?	Yes	No
If yes, please list all allergies _____		
Are you currently sick and/or using medication?	Yes	No
If yes, please list _____		
Do you have any prescribed meal plan or dietary restrictions?	Yes	No
If yes, please describe _____		
Are there any activities to be limited/discouraged by physicians' advice?	Yes	No
If yes, please list and explain _____		
Do you carry health insurance?	Yes	No
Carrier _____ Policy # _____		

General health statement

Please list/explain any additional medical information (use additional paper if required and attach to this page)

Representation and Emergency Authorization

I have completed this health history honestly and completely, and I believe my health is satisfactory to participate in the Activities.

I hereby give permission to the medical personnel selected by the Medical Cadet Corps to order injections and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but is not limited to, charges incurred for the providing of aid and arranging evacuation if the Medical Cadet Corps or its agents determine that such evacuation is necessary and desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and or any medical care, and I acknowledge any restrictions placed on my activities.

Signature of Participant _____ Date _____