



Medical release and Waiver Form

for participation in Modern Day Knights

Received by _____

I agree to release and hold harmless Modern Day Knights (hereinafter collectively referred to as mdK), Daybreak Church, mdK splinter group chapters, and all members of all mdK Chapters from and against all claims, demands, and actions in respect to damage to my person or my property arising in connection with my participation in mdK functions. Furthermore, I accept and understand that neither mdK, nor any mdK members are responsible for any injuries received or given at any mdK function. I further understand that, as with any physical sport, participation in mdK has an element of risk.

I also authorize by my signature herein permission for medical treatment by professional means, if necessary and I am unable to answer for myself.

Participant's Name _____ Guardian's Name _____

Participant's Signature _____ Guardian's Signature _____

Date _____

Date _____

Name _____ Age _____ Birth Date _____ Sex _____

Persona _____ E-mail _____

Address _____

City _____ State _____ Zip _____ Phone _____

Emergency Contact Name _____ Phone _____

2nd Emergency Contact Name _____ Phone _____

Physician _____ Office Phone _____

Please list any allergies you suffer from _____

Please list any medical conditions that you currently suffer from, have ever experienced, or are being treated for

