



Medical Disclosure Form

NAME:

DATE OF BIRTH:

NAME OF GP:

GP SURGERY ADDRESS:

EMERGENCY CONTACT

NAME:

NUMBER:

RELATIONSHIP:

Are you currently on any medication? YES / NO

IF YES, please list medication here:

Are you allergic to anything? YES / NO

IF YES, please list your allergies here:

Have you had any operations in the last 5 years? YES / NO

IF YES, please list details here:

Do you have any medical conditions that a paramedic or doctors treating you should be aware of in the event of an emergency that renders you unable to pass on information yourself (for example; rare blood type or epilepsy)? YES / NO

IF YES, please list here:

Do you have a bone, ligament or joint problem (for example, a knee problem that could be made worse by performing at and EVE - Riot Grrrls of Wrestling event)? YES / NO

IF YES, please list details here:

Please answer the following YES or NO questions

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES / NO
 2. Do you feel pain in your chest when you do physical activity? YES / NO
 3. In the past month, have you had chest pain when you were not doing physical activity? YES / NO
 4. Do you lose your balance because of dizziness, or do you ever lose consciousness? YES / NO
 8. Do you know of any other reason why you should not do physical activity? YES / NO
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If you answered YES to one or more questions:

If you have not recently done so, you are required to consult with your doctor by telephone or in person before performing on an EVE - Riot Grrrls of Wrestling event. Tell your doctor what questions you answered 'yes' to on this Medical Disclosure Form and ensure your doctor understands the physicalities involved with performing as a professional wrestler. After medical evaluation, seek advice from your doctor as to your suitability for performing as a professional wrestler.

Assumption of Risk

I hereby state that I have read, understood and answered honestly the questions above. I also state that (if applicable) I have consulted with my doctor and have received medical confirmation that I am able to perform in EVE - Riot Grrrls of Wrestling events. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily performing on EVE - Riot Grrrls of Wrestling events and that **if my medical status changes before the event (including on the day of the event), I will inform EVE - Riot Grrrls of Wrestling staff. If my medical status changes between events, I will inform EVE - Riot Grrrls of Wrestling staff and recomplete a Medical Disclosure Form.**

Performer Name:

Performer Signature:

Date:

Pro-Wrestling: EVE Management Name:

Pro-Wrestling: EVE Management Signature:

Date: