

Jim Brogan's

Focus and Concentration

...Inspiring and empowering people every day.

This form MUST be completed before participation in the program.

Medical Release / Approval

Participant's Name _____

Past Health _____ Past Injuries _____

Present Health (on medication?) _____

Drug sensitivities _____ Other Allergies _____

Insurance Company _____

Name of Policy Holder _____ Policy Number _____

Additional information we should be aware of: _____

Contact: _____ Phone #: _____ Cell #: _____

PLEASE READ CAREFULLY:

I hereby authorize the directors of the Jim Brogan Inc., Focus and Concentration program along with the Brogan Company and Jim Brogan, Inc. to act for me in an emergency requiring medical attention. I agree to allow myself or my child to be treated by a licensed physician while attending these programs and to assume all costs related to such treatment. I waive and release any and all rights and claims for damages I have against the Jim Brogan Inc., Focus and Concentration training, the Brogan Company, Jim Brogan, Inc. and the program facility or its representatives for damages which may be sustained by the participant while at or traveling to and from the programs.

Signature _____ Date _____

Parent's or Guardian's Signature _____ Date _____