

**PRO-IV, LLC
HEALTH SCREENING FORM**

Name _____

Address _____

Phone Number: _____ Email _____

Emergency Contact _____

Occupation: _____ Gender: Male _____ Female _____

Age (please check a group) Under 25 _____ 25-35 _____ 35-45 _____ 45-55 _____ 55-65 _____ 65+ _____

Please read the questions carefully and answer each one honestly, by checking YES or NO.

All the information provided will be kept in the strictest confidence

Questions		Yes	No
1	Are you currently taking any medication? If you answered YES please list all of your medications here.		
2	Have you been diagnosed with any illnesses, diseases or impairments (physical or mental)? If you answered YES please give details.		
3	Have you recently been injured? If you answered YES please give details.		
4	Are you currently pregnant or have you been pregnant within the last 6 months?		
5	Do you exercise? If yes, please tell us (a) when you last exercised, (c) what type of exercise you engaged in, and (c) what you hope to achieve through exercising. (a) (b) (c)		
6	Are there any other physical or mental conditions that your provider should be aware of? If you answered YES please give details.		

(continued on next page)

Pro-IV Participation Waiver

MEDICAL EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____

Relation to Participant _____

Daytime Phone _____

Evening Phone _____

Known allergies including any allergies to any medication

Any other medical problems which should be noted

Primary Physician _____ Phone _____

INSURANCE POLICY INFORMATION

Please provide the following information which is required by Pro-IV.

Insurance Company Name _____

Insurance Company Address _____

Policy # _____ Plan/Group # _____

Policy Holder's Name _____

Policy Holder's Date of Birth _____

Policy Holder's Address _____

City, State, Zip _____

Policy Holder's Relationship to Participant (if not self) _____

Occupation _____

Policy Holder's Employer _____

Employer Address _____

Employer Phone Number _____

PRO-IV, LLC

WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

IN CONSIDERATION of being permitted to participate in the activities listed herein and to engage the services of Pro-IV LLC, their agents, owners, officers, directors, representatives, assigns, affiliates, volunteers, participants, employees, insurers, and all other persons or entities acting in any capacity on their behalf (herein after collectively referred to as "Pro-IV"), I, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives, estate, and insurers, agree as follows:

(continued on next page)

Acknowledgment and Assumption of Risk

I acknowledge that my participation in the following activities:

INFUSION THERAPY

entails both known, as well as unknown and unanticipated dangers and risks, which generally fall within the scope of any medical procedure, which could result in physical or emotional injury. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the above-described activities I voluntarily and knowingly assume all the risks and dangers inherent and incidental to the activities of this program. I understand and recognize the dangers of participating in this activity and agree to fully comply with the applicable laws, policies, rules and regulations, and any supervisor's and/or physician's instructions regarding participation in this activity. I acknowledge that failure to follow the rules could result in the suspension or expulsion from participation in the activities listed herein, and may also result in termination this agreement.

Physical Fitness, Medical Treatment and Insurance Coverage

I hereby certify, affirm and acknowledge the following:

- A. I am in proper physical condition to participate in all activities. I further agree and warrant that if I am unable to continue, at any time, I will immediately notify Pro-IV and discontinue further participation in the activity. I also hereby give my consent to receive medical treatment that is deemed advisable and/or necessary, in the event of injury, accident or illness during this activity or event.
- B. In the event of injury, accident or illness, I affirm I have adequate and appropriate insurance to provide coverage for any such medical necessary or advisable medical treatment and/or expenses that may arise during the course of, or as a result of, participating in the activities described herein. I understand and further agree that Pro-IV will not be responsible for any cost or expenses incurred.

Waiver of Liability and Indemnification

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:

- A. **waive, release, and discharge Pro-IV, LLC** from any and all claims and causes of action, directly or indirectly resulting from any and all liability resulting from any negligent act or omission on the part of Pro-IV, it's officers, agents, employees, successors and assigns (hereinafter "Releasees"), causing death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the above referenced activity or event; and
- B. **defend, indemnify, and hold harmless Pro-IV, LLC**, and all Releasees, from and against any and all claims by third parties of any nature including all costs, expenses and attorneys' fees, which in any manner result from participant's actions during this activity or event.

Acknowledgment and Certification of Understanding

I, the undersigned participant, affirm that I am at least 18 years of age, or am the parent or legal guardian of a participant who is less than 18 years of age. I have had sufficient opportunity to read this entire document, or have legal counsel of my choice review this

document, and fully understand its terms and understand that by signing this form I am giving up substantial legal rights and/or remedies that may otherwise be available to me regarding any losses I may sustain as a result of participation.

By signing this document, I acknowledge that I may be found by a court of law to have waived my right to maintain a lawsuit against Pro-IV on the basis of any claim form which I have released herein. I affirm that I have signed it freely, voluntarily and without any inducement or assurance of any nature, and I intend this release, indemnification, and waiver to be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable state and/or federal law. I agree and understand that if any portion is held invalid, the remainder will continue in full legal force and effect.

Media Release

Participant does hereby grant and convey unto Pro-IV, LLC, all right, title and interest in any and all photographic images, video recordings, or audio recordings, made by Pro-IV, including, but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

I, THE UNDERSIGNED PARTICIPANT, DO HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

IN WITNESS WHEREOF, participant has executed this release as of the date written herein:

Print Name: _____

Signature: _____ Date: _____

If signing on behalf of a minor, please print minor's name:

Witness Printed Name: _____ Date: _____

Signature: _____