

# Maine Wounded Warrior Machine Gun Shoot IV

## August 16<sup>th</sup> 2015

### Participant Information and Medical Release Form

Please write legible for future correspondence

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Sex Male  Female

Contact Number Option 1 (\_\_\_\_) - (\_\_\_\_) Option 2: (\_\_\_\_) - (\_\_\_\_)

E-Mail Address: \_\_\_\_\_

In the event of an emergency who should be contacted?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Number: (\_\_\_\_) - (\_\_\_\_) Alternate Number: (\_\_\_\_) - (\_\_\_\_)

### Medical Information

Participants of the Machine Gun Shoot will be handling and firing various types of heavy firearms. Due to the nature of the event the safety of each participant, volunteer, and spectator is important. Information will be shared only with pertinent program staff or medical professionals. This information is confidential and is not releasable.

In order to ensure your safety and the safety of all attendees please identify the conditions that pertain to you.

Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> PTSD: Identify <input type="checkbox"/> past or <input type="checkbox"/> current | <input type="checkbox"/> Seizure  |
| <input type="checkbox"/> Emotional or Mental Health Disorder: _____                                       | <input type="checkbox"/> Hearing Deficit (loss of hearing, hearing aids, etc) |
| <input type="checkbox"/> Currently under direct care for psychological / emotional issues                 | <input type="checkbox"/> Visual Deficit: (double vision, field cut, etc)      |
| <input type="checkbox"/> Brain Injury (any type)  | <input type="checkbox"/> Physical Handicap: _____                             |
| <input type="checkbox"/> Amputee: Low or Upper Extremity (circle)   | <input type="checkbox"/> Other: _____   |

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Law Enforcement: If you are an actively employed member of Law Enforcement the below Medical Release is not necessary

Please state your place of employment: \_\_\_\_\_

Medical Release: Must be completed by primary care physician, any other physician, therapist, or counselor, for which you are under direct care.

The above individual has requested to participate in the Veteran Machine Gun Shoot. Participants will be firing machine guns of various types and calibers, with coincidental noise volumes that will increase in volume and have various pressure waves, recoil, and physical stressors associated with handling heavy firearms. Tannerite explosives will be used for visual effects. Loud noises on medically susceptible individuals can be unpredictable.

While this event provides an opportunity for camaraderie and support to our wounded Veteran's, the safety of our Veteran's and all participants is paramount.

Do you feel this individual is capable of participating in this activity?  YES  NO

Is there anything the EMT's, counselors on hand, or event planners should know? \_\_\_\_\_

Recommendation for 1:1 veteran 'Buddy':  Must Have  Recommended  Not Necessary

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be received by July 25<sup>th</sup> 2015 in order to participate.

Mail Completed Form to: **Gayle Cunningham**  
457 Cushman Rd.  
Winslow, ME 04901  
Or **Fax #: 207-248-0021**