



**State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920**

**Division of Gaming and
Athletics Licensing**

MEDICAL RELEASE AUTHORIZATION

I hereby authorized you by this statement, or a photocopy of this statement, to furnish to the State of Rhode Island, Department of Business Regulation, Division of Gaming and Athletics, John O. Pastore Center, 1511 Pontiac Avenue, Cranston, RI 02920, copies of any and all of my medical and/or hospital records or other information which it may request regarding conditions for which I have been under observation or treatment by you, including history, findings and diagnosis.

I also authorized the State of Rhode Island, Department of Business Regulation, Division of Gaming and Athletics Licensing to release any medical information or other personal information with respect to my status and licensure as a professional athlete or unarmed combatant which may be contained in any of its records to other State/Tribal Commissions.

This waiver shall remain effective for a period of one (1) years from the date indicated below and shall authorized you to release any and all medical and/or hospital records made prior to the execution of this statement and to such records that may be made during the next year.

Please cooperate with the State of Rhode Island, Department of Business Regulation, Division of Gaming and Athletics Licensing, to the fullest extent possible in making my medical history available.

Print Name

Signature of Athlete

Date

Telephone Number