

PARENTAL RELEASE AND MEDICAL WAIVER

Title of Event: _____

Event Date: _____

Competitor's Name: _____

RELEASE:

The undersigned parent an/or natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to release the race organizers (organizing authority, race committee, protest committee, host club, sponsors, or any other organization or official) from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party/Parties because of any defect in or lack of such capacity to act and release said Party/Parties on behalf of all Releasors as specified herein.

Parent or Guardian Print Name: _____

Parent or Guardian Signature: _____

Date: _____

MEDICAL WAIVER:

As the parent and/or natural or legal guardian of the minor named above, I give permission to administer any necessary medical treatment in the event of an injury or accident.

Parent or Guardian Print Name: _____

Parent or Guardian Signature: _____

Date: _____

Parent or Guardian Contact Information:

Home Phone: _____

Work/Cell Phone: _____

In case of emergency, whom else should we contact:

Name: _____

Home/Cell Phone: _____