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: ____________________