

Parental or Guardian Permission and Medical Release Form Teton Running Club Footlocker Trip

This form is to be completed and signed by participants parent/guardian.

Name _____ Sex ____ Age _____ Birth Date _____

Parent Or Guardian _____ Phone # _____

Home Address _____

Emergency Contact _____ Phone # _____

Secondary Contact _____ Phone# _____

Medical Information: (Does the Athlete have any of the following.)

Special Diet Allergies Medication Chronic Illness Surgery in the past year Special Needs

Please explain: _____

Name of Physician: _____ Phone # _____

Medical Insurance _____ Policy # _____

****I give permission for my child/youth to participate in the activity listed above and authorize the adult leaders supervising this activity to administer emergency treatment to the above-named participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this activity and travel to and from this activity. I also understand that there are inherent risks associated with running and competing and do not hold Teton Running Club or anyone associated with the club responsible for any injury associated with the trip.**

Signature of Parent/Guardian _____ Date _____