

Blank Medical Release and Consent Waiver Form

Participant Information

Full Name

Date of Birth

Phone Number

Address

Emergency Contact

Name

Phone Number

Relationship

Medical Information

List any allergies or medical conditions

Current medications (if any)

Primary Physician

Physician Phone Number

Medical Release and Consent

I hereby authorize medical evaluation, treatment, and/or emergency care for the above-named participant in the event of illness or injury. I release and hold harmless the organizers from any and all liability for medical attention. This waiver form is voluntarily signed with full knowledge of its significance.

Signature of Participant/Guardian

Date