

HHRT Release/Consent Form 2023/24

Instructions

This Release/Consent form is mandatory. Please complete one form for each racer.

Last Name		First Name	
Street Address		City	Zip Code
Birth Date		Grade	School
Preferred Phone		Preferred Email	
Special Concerns Coaches Should Know About (e.g., allergies, etc.)			
First Parent / Guardian Name		First Parent / Guardian Phone	
Second Parent / Guardian Name		Second Parent / Guardian Phone	
Physician's Name		Physician's Phone	
Dentist's Name		Dentist's Phone	
Emergency Contact		Emergency Contact Relationship	Emergency Contact Phone
Alternate Emergency Contact		Alternate Emergency Contact Relationship	Alternate Emergency Contact Phone

General Release, Medical Release and Consent for Medical Treatment

I agree to hold the Hunt Hollow Race Team, Inc. (HHRT) harmless from any injuries, claims, or damages, including but not limited to medical, legal and miscellaneous expenses thereof to my son or daughter that may be sustained as a result of participating in any activities conducted by HHRT. I further consent to any and all medical treatment and care, including transportation for medical purposes to and from ski training and related activities.

Parent Signature: _____

Date: _____