

MEDICAL RELEASE AND CONSENT TO MEDICAL TREATMENT

I am registering _____ to participate in MiSCA's activities, including a mountain bike race series.
(Participant)

Participant has NO medical conditions and is in good physical and mental health and is able to participate fully in all MiSCA events.

Participant has the following medical condition(s): (Please provide more information on the back of this sheet if necessary).

Participant has asthma and will have an inhaler with him/her. Please provide more information if necessary:

Participant is on the following prescription medications: (Please indicate if the Participant is or is not able to self-administer these medications, if applicable).

I authorize the MiSCA staff/volunteers to administer Ibuprofen in the event the Participant needs it.

Health Insurance Carrier: _____ Group #: _____ Policy #: _____

Emergency Contact #1: Name _____ Tel No. _____

Emergency Contact #2: Name _____ Tel No. _____

On this form I have provided comprehensive and accurate medical information about the Participant to MiSCA. If MiSCA is not able to reach myself or the emergency contacts I have provided or if sound medical practice decrees that there is not time to make such an attempt, I authorize MiSCA staff/volunteers or ambulance to drive the Participant to the nearest emergency room to receive emergency medical treatment, to consent to any x-ray examination anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Participant under the general or special supervision and on the advice of any physician or surgeon who may treat the Participant. I agree to pay for any such treatment and to reimburse Michigan Scholastic Cycling Association for all costs and expenses it may incur related to such treatment.

Participant Name _____ **Participant Signature** _____ **Date** _____

(If the athlete or volunteer is less than 18 years of age as of the date of this Agreement, then a parent or legal guardian must enter into this agreement on behalf of the athlete or volunteer by signing below.)

CONSENT AND RELEASE OF PARENT OR LEGAL GUARDIAN

I am the parent or legal guardian of the above minor (Participant). I have read and understand the above Release, and agree to Medical Release. I have read the above carefully before signing and understand this release.

Parent/Guardian Name _____ **Parent/Guardian Signature** _____ **Date** _____