



MEDICAL RELEASE FORM

I, Member or Parents of _____ hereby authorize, in the event of illness or injury to said racer, while traveling or while participating with the Santa Fe Ski Team, any coach, officer or Santa Fe Ski Team representative to contract for and to authorize treatment by a medical doctor or facility for said racer as fully as I could do if I were present.

I, Member and/or Parents of _____ hereby authorize the Santa Fe Ski Team and/or its named coaches to secure any hospital, medical, dental or surgical care, treatment and/or procedures for the above-named participant. Parents also consent that in the event of injury to the participant, coaches can sign for participant to receive care, treatment and/or procedures, under the instructions and directions of a licensed physician(s).

The Santa Fe Ski Team coaches shall notify parents at the earliest possible time during or after such care, treatment and/or procedures at the phone number provide herewith. Parent knowingly and voluntarily consents in advance to such care, treatment and/or procedures to encourage the physicians and coaches to exercise their best judgment as to the requirements of such care, treatment and/or procedures. Parent specifically agrees to indemnify and hold harmless the Santa Fe Ski Team and its coaches and Board of Directors from all costs arising out of such care.

NAME OF RACER

SIGNATURE

DATE

NAME OF PARENT/GUARDIAN

SIGNATURE

DATE