

Medical Treatment Authorization:

_____ [event] staff will treat minor injuries typical to participation and will monitor participant hydration. Participants are encouraged to have their own health insurance as well as review the information provided regarding hydration and concussions.

I/We being the parent(s) and/or guardian of the applicant authorize _____ [university] and its agent's permission to request emergency medical treatment or care necessary to issue the well-being of our dependent. Further, I claim the registrant has had a physical examination and was found fit for all physical endeavors.

Participant Name (Please Print)

Participant Signature

Date

If participant is under 18:

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date