



Medical Release Form

This completed form is mandatory for participation. Please read carefully and sign where indicated. Participants 18 or older do not need parent's consent, but must fill out the form for registration filing.

Participant's Name: _____ Birthdate: ____/____/____
Competition Date: _____ Location: _____
School: _____ Squad: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Emergency Contact: _____
Health Insurance Carrier: _____
Policy Number: _____ Insurance Phone Number: _____
Is this participant currently under treatment for a medical Condition? Yes or No
If yes, please describe: _____
List all Medications currently taken: _____
List all known allergies to medication: _____

I understand that participant may sustain serious injury, and /or illness while competing at a Twisted Athletic Productions competition and I further assume the risk of such an occurrence. I agree to hold harmless and indemnify the Twisted Athletic Productions including without limitation, all representatives, all staff personnel, and all administration. I further release Twisted Athletic Production and from any medical and/or legal costs which may arise due to any injury and/or illness sustained. I authorize the staff to seek treatment for any injury or illness for the above mentioned participant and also authorize the physician and/or hospital near the event site to perform treatment to any illness or injury to the participant. I authorize payment for treatment, either personally or through our family health insurance.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____